

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13912

FILED
Jan 28, 2009
Secretary of State

Entity Name: SEAFORREST COURT HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 8013
INDIAN RIVER SHORES, FL 32963 US

New Principal Place of Business:

6001 N A1A, PMB 8013
INDIAN RIVER SHORES, FL 32963 US

Current Mailing Address:

6001 N. A1A PMB 8013
INDIAN RIVER SHORES, FL 32963 US

New Mailing Address:

FEI Number: 54-1453167 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JANDZEN, JOHN
180 S. CAMELIA CT.
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALLEN, MARILYN
Address: 90 S. CATALINA CT.
City-St-Zip: VERO BEACH, FL 32963

Title: P () Delete
Name: GRIFFIN, JOHN
Address: 61 N. CASEREA CT.
City-St-Zip: VERO BEACH, FL 32963

Title: T () Delete
Name: JANDZEN, JOAN
Address: 180 S CAMELIA CT
City-St-Zip: VERO BEACH, FL 32963

Title: S () Delete
Name: ARNOLD, JULIE
Address: 110 5. CAROLINA
City-St-Zip: VERO BEACH, FL 32963

Title: VP () Delete
Name: ROBINSON, TED
Address: 50 CASEREA CT.
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HELGESON, BYRON
Address: 120 N CATALINA CT
City-St-Zip: VERO BEACH, FL 32963

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SCHORNER, JAMES
Address: 150 S CAMELIA CT
City-St-Zip: VERO BEACH, FL 32963

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN JANDZEN

T

01/28/2009

Electronic Signature of Signing Officer or Director

Date