2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15362

FILED Jan 16, 2009 Secretary of State

Entity Name: SEE-RAY SHORES CONDOMINIUM OWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

ONE 10TH STREET UNIT 101

ST AUGUSTINE, FL 32080 US

Current Mailing Address: New Mailing Address:

% H.A. LEBEAU ONE 10TH STREET

1 10TH ST., UNIT 101 UNIT 101

ST AUGUSTINE, FL 32080 US ST AUGUSTINE, FL 32080 US

FEI Number: 61-1014095 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEBEAU, H. A. JR LEBEAU, H. A

188 HERONS NEST LANE 188 HERONS NEST LANE

ST. AUGUSTINE, FL 32080 US ST. AUGUSTINE, FL 32080 US

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: H A LEBEAU 01/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: TD () Delete Title: TD (X) Change () Addition

Name: LEBEAU, H.A. JR Name: LEBEAU, H.A. JR

 Address:
 183 HERONS NESG LANE
 Address:
 183 HERONS NEST LANE

 City-St-Zip:
 ST AUGUSTINE, FL 32080
 City-St-Zip:
 ST AUGUSTINE, FL 32080

Title: PD () Delete Title: () Change () Addition

 Name:
 WEITZ, BARTON
 Name:

 Address:
 2736 NW 20TH ST.
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32605
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 CHESTER, LÎNDA
 Name:

 Address:
 400 A1A BEACH BLVD
 Address:

 City-St-Zip:
 ST AUGUSTINE, FL 32080
 City-St-Zip:

 $\label{eq:time_special} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$

 Name:
 CRUZ, BETTY J
 Name:

 Address:
 3703 SKYLINE CIRCLE
 Address:

 City-St-Zip:
 KINGSPORT, TN 37664
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 GODFREY, S
 Name:
 GODFREY, STEVE

 Address:
 ONE 10TH ST, UNIT 303
 Address:
 ONE 10TH ST, UNIT 303

 City-St-Zip:
 SAINT AUGUSTINE, FL 32080
 City-St-Zip:
 SAINT AUGUSTINE, FL 32080

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: H A LEBEAU TD 01/16/2009