2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N18988

Entity Name: BEACHSIDE AT SEMINOLE BEACH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1858 BEACH SIDE COURT
ATLANTIC BEACH, FL 32233 US

New Principal Place of Business:

Current Mailing Address:

1858 BEACH SIDE COURT
ATLANTIC BEACH, FL 32233 US

New Mailing Address:

FEI Number: 59-2935497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHAREST, MICHAEL
1858 BEACHSIDE COURT
ATLANTIC BEACH, FL 32233 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: P ( ) Delete
Name: SMITH, JIM
Address: 1958 BEACHSIDE CT
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: DT ( ) Delete
Name: CHAREST, MICHAEL
Address: 1858 BEACHSIDE COURT
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: S ( ) Delete
Name: QUALLS, SHARON
Address: 1887 BCH SIDE CT
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D ( ) Delete
Name: SMITH, THOMAS
Address: 1890 BCHSIDE CT
City-St-Zip: JACKSONVILLE, FL 32230 US

Title: D ( ) Delete
Name: WATERS, MICHAEL
Address: 1864 BEACHSIDE COURT
City-St-Zip: ATLANTIC BEACH, FL 32233 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ANDERSON, RALPH
Address: 1875 BEACHSIDE CT
City-St-Zip: ATLANTIC BEACH, FL 32233

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

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

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

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: MICHAEL CHAREST T 02/23/2009

Electronic Signature of Signing Officer or Director — Date