2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N30292

Entity Name: SEAPORT MASTER ASSOCIATION, INC.

Current Principal Place of Business:

VILLAGES OF SEAPORT
8850 N. ATLANTIC AVE.
CAPE CANAVERAL, FL 32920 US

New Principal Place of Business:

VILLAGES OF SEAPORT/SEAPORT MASTER
8850 N. ATLANTIC AVE.
CAPE CANAVERAL, FL 32920 US

Current Mailing Address:

120 N SEAPORT BLVD
CAPE CANAVERAL, FL 32920 US

New Mailing Address:

FEI Number: 59-2761375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLEMM, RUSSELL E
1065 MAITLAND CENTER COMMONS BLVD.
MAITLAND, FL 32751 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: PD ( ) Delete
Name: OLIVE, JOHN
Address: 218 N. SEAPORT BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VPD ( ) Delete
Name: CLARKE, RICHARD
Address: 806 MYSTIC DRIVE UNIT D304
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: TRSR ( ) Delete
Name: WALSH, BETTY
Address: 140 N. SEAPORT BLVD.
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: EDWARDS, TOM
Address: 600 N. SEAPORT BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

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: BETTY WALSH TREA 03/27/2009

Electronic Signature of Signing Officer or Director — Date