

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40990

FILED
Apr 13, 2009
Secretary of State

Entity Name: SEAVIEW PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

KEYSTONE PROPERTY MGMT. GROUP INC
2001 9TH AVENUE, #308
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

KEYSTONE PROPERTY MGMT. GROUP INC
2001 9TH AVENUE, #308
VERO BEACH, FL 32960 US

New Mailing Address:

FEI Number: 59-3116139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, WILLIAM F
2001 9TH AVENUE, #308
VERO BEACH, FL 32960 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: WERNICKI, PETER G
Address: 11840 SEAVIEW DR
City-St-Zip: VERO BCH, FL 32963 US

Title: TD () Delete
Name: STRAUSS, CAROL L
Address: 11800 SEAVIEW DR
City-St-Zip: VERO BEACH, FL 32963 US

Title: SD () Delete
Name: GORDON, ROBERT
Address: 11810 SEAVIEW DRIVE
City-St-Zip: VERO BEACH, FL 32963 US

Title: PD () Delete
Name: BAKER, RANDALL
Address: 11860 SEAVIEW DRIVE
City-St-Zip: VERO BEACH, FL 32963 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CAROL STRAUSS

TD

04/13/2009

Electronic Signature of Signing Officer or Director

Date