

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41104

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: SEASIDE HOMEOWNER'S ASSOCIATION OF BREVARD, INC.

**Current Principal Place of Business:**

4123 A1A HWY  
INDIANLANTIC, FL 32903 US

**New Principal Place of Business:**

**Current Mailing Address:**

140 WATERS EDGE LANE  
INDIALANTIC, FL 32903 US

**New Mailing Address:**

FEI Number: 59-3049536      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MASELLI, MARGARET  
150 WATERS EDGE LN  
INDIALANTIC, FL 32903 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: MASELLI, MARGARET  
Address: 150 WATERS EDGE LN  
City-St-Zip: INDIALANTIC, FL 32903

Title: VP ( ) Delete  
Name: BEAUREGARD, KATIE  
Address: 190 WATERS EDGE LANE  
City-St-Zip: INDIALANTIC, FL 32903

Title: ST ( ) Delete  
Name: POZZA, LUCIA  
Address: 140 WATERS EDGE LN  
City-St-Zip: INDIALANTIC, FL 32903

Title: VP (X) Delete  
Name: FRONTEL, DONALD  
Address: 120 WATERS EDGE LN  
City-St-Zip: INDIALANTIC, FL 32903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: THEISS, LORA  
Address: 165 WATERS EDGE LANE  
City-St-Zip: INDIALANTIC, FL 32903

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: LUCIA POZZA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

ST

01/14/2009

\_\_\_\_\_  
Date