

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

ST

01/14/2009

Electronic Signature of Signing Officer or Director

Date