## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46079

FILED Mar 25, 2009 Secretary of State

Entity Name: SEABRANCH BOULEVARD MASTER MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8340 SE FAZIO DRIVE HOBE SOUND, FL 33455

Current Mailing Address: New Mailing Address:

8340 SE FAZIO DRIVE HOBE SOUND, FL 33455

FEI Number: 65-0303474 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

O'ROURKE, JOHN J 5021 SE INKWOOD WAY HOBE SOUND, FL 33455 US

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:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 O'ROURKE, JOHN J
 Name:
 COLE, WILLIAM

 Address:
 5021 SE INKWOOD DRIVE
 Address:
 9021 LACREEK

City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: HOBE SOUND, FL 33455

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 PETRAGLIA, ROGER F
 Name:
 O'ROURKE, JOHN J

 Address:
 8064 SE PEPPERCORN COURT
 Address:
 5021 SE INKWOOD WAY

 City-St-Zip:
 HOBE SOUND, FL 33455
 City-St-Zip:
 HOBE SOUND, FL 33455

Title: TD () Delete Title: () Change () Addition

 Name:
 SCHMIDT, WILLIAM M
 Name:

 Address:
 7741 SE DOUBLE TREE DRIVE
 Address:

 City-St-Zip:
 HOBE SOUND, FL 33455
 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: WILLIAM COLE PRES 03/25/2009