2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N47667

Entity Name: SEA GATE ELEMENTARY SCHOOL PARENT-TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

650 SEAGATE DRIVE
NAPLES, FL 34103 US

New Principal Place of Business:

650 SEAGATE DRIVE
ATTENTION: TREASURER
NAPLES, FL 34103 US

Current Mailing Address:

650 SEAGATE DRIVE
NAPLES, FL 34103 US

New Mailing Address:

650 SEAGATE DRIVE
ATTENTION: TREASURER
NAPLES, FL 34103 US

FEI Number: 59-2371707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTELLANI, BRIAN MR.
SEA GATE ELEMENTARY SCHOOL
650 SEA GATE DRIVE
NAPLES, FL 34103 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: COLLINS, GAIL
Address: 6642 NATURE PRESERVE COURT
City-St-Zip: NAPLES, FL 34109

Title: V ( ) Delete
Name: VITALE, LENORE
Address: 7090 SUGAR MAGNOLIA COURT
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: DIPASQUALE, LISETTE
Address: 7119 SUGAR MAGNOLIA COURT
City-St-Zip: NAPLES, FL 34109

Title: V ( ) Delete
Name: TREBILCOCK, LISA
Address: 6660 MANGROVE WAY
City-St-Zip: NAPLES, FL 34109

Title: TD ( ) Delete
Name: MOLL, JOHN
Address: 60 SEAGATE DR UNIT 1603
City-St-Zip: NAPLES, FL 34103

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PPD (X) Change ( ) Addition
Name: COLLINS, GAIL
Address: 6642 NATURE PRESERVE COURT
City-St-Zip: NAPLES, FL 34109

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:

Title: PRES ( ) Change (X) Addition
Name: LIPPERT, MICHELLE
Address: 516 PORTSIDE DRIVE
City-St-Zip: NAPLES, FL 34103

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: JOHN M. MOLL TD 04/16/2009

Electronic Signature of Signing Officer or Director — Date