2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# N48498

Entity Name: SEASIDE OF VERO BEACH HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2245 SEASIDE STREET
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4195
VERO BEACH, FL 32964

New Mailing Address:

FEI Number: 65-0486549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FANARO, RONALD S
2245 SEASIDE ST
VERO BEACH, FL 32963 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: LEE, TOM
Address: 2225 SEASIDE STREET
City-St-Zip: VERO BEACH, FL 32963

Title: VPD ( ) Delete
Name: MIGUEL, CHAMPALANNE
Address: 2220 SEASIDE STREET
City-St-Zip: VERO BEACH, FL 32963

Title: TD ( ) Delete
Name: ALLIK, MIKE
Address: 2260 SEASIDE STREET
City-St-Zip: VERO BEACH, FL 32963

Title: SD ( ) Delete
Name: FANARO, RONALD S
Address: 2245 SEASIDE STREET
City-St-Zip: VERO BEACH, FL 32963

Title: VPD ( ) Delete
Name: LYNCH, RICHARD T
Address: 181 COQUILLE WAY
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: LEE, TOM
Address: 2225 SEASIDE STREET
City-St-Zip: VERO BEACH, FL 32963

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

Title: TD (X) Change ( ) Addition
Name: ALLIK, DEBORAH
Address: 2260 SEASIDE STREET
City-St-Zip: VERO BEACH, FL 32963

Title: PD (X) Change ( ) Addition
Name: FANARO, RONALD S
Address: 2245 SEASIDE STREET
City-St-Zip: VERO BEACH, FL 32963

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: RONALD FANARO PD 03/19/2009

Electronic Signature of Signing Officer or Director — Date