2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50110

FILED Jan 16, 2009 Secretary of State

Entity Name: SEAWATCH NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 80 SEAWATCH DR SEAGROVE BCH, FL 32459 **Current Mailing Address: New Mailing Address:** 80 SEAWATCH DR SEAGROVE BCH, FL 32459 FEI Number: 59-3131811 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: WRIGHT, WILLIAM E 80 SEA WATCH DR SEAGROVE BEACH, FL 32459 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: () Delete () Change () Addition PATERSON, CHARLES B Name: Name: 2611 FERNWAY DR Address: Address: City-St-Zip: MONTGOMERY, AL 36111 City-St-Zip: Title: () Delete Title: () Change () Addition PATERSON, EVELYN A Name: Name: Address: 2611 FERNWAY DRIVE Address: City-St-Zip: MONTGOMERY, AL 36111 City-St-Zip: Title: () Delete Title: () Change () Addition WRIGHT, WILLIAM E., Name: Name: 80 SEAWATCH DR Address: Address: City-St-Zip: SEAGROVE BEACH, FL 32459 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CROMMELIN, HARRIETT Name: Address: 44 SEAWATCH DR Address: City-St-Zip: SEAGROVE BEACH, FL 32459 City-St-Zip: Title: () Delete Title: (X) Change () Addition CAMERON, ANTHONY R BUTLER, KENT Name: Name: 2921 SEQUOYAH DR 6935 HILLTOP COURT Address: Address: City-St-Zip: ATLANTA, GA 30327 City-St-Zip: COLUMBUS, GA 31904 Title: () Delete Title: () Change () Addition FRAZER, NIM Name: Name: Address: 628 THORN PLACE Address: MONTGOMERY, AL 36106 City-St-Zip: 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: CHARLES B PATERSON ST 01/16/2009