2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# N92000000470

Entity Name: SEAVIEW AT JUNO BEACH PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

TREASURE COAST PROPERTY MANAGEMENT
2417 SE DIXIE HIGHWAY
STUART, FL 34996 US

New Principal Place of Business:

Current Mailing Address:

TREASURE COAST PROPERTY MANAGEMENT
2417 SE DIXIE HIGHWAY
STUART, FL 34996 US

New Mailing Address:

FEI Number: 65-0409028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TREASURE COAST PROPERTY MANAGEMENT
2417 SE DIXIE HIGHWAY
STUART, FL 34996 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: VP ( ) Delete
Name: MERKLIN, SUSAN
Address: 776 SEWVIEW DR
City-St-Zip: JUNO BEACH, FL 33408

Title: TD ( ) Delete
Name: HUOTT, BRIAN
Address: 774 SEAVIEW DRIVE
City-St-Zip: JUNO BEACH, FL 33408

Title: P ( ) Delete
Name: BROOKS, CHARLES
Address: 760 SEAVIEW DR
City-St-Zip: JUNO BEACH, FL 33408

Title: D ( ) Delete
Name: AHRENS, KRISTEN
Address: 751 SEAVIEW DRIVE
City-St-Zip: JUNO BEACH, FL 33408

Title: SD ( ) Delete
Name: BARKER, NANCY
Address: 745 SEAVIEW DR
City-St-Zip: JUNO BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ( ) 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: CHARLES BROOKS P 03/09/2009
Electronic Signature of Signing Officer or Director — Date