

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000726

FILED
Jan 06, 2010
Secretary of State

Entity Name: SEACLIFFS MASTER ASSOCIATION, INC.

Current Principal Place of Business:

580 SEACLIFFS DRIVE
PORT ST JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

PO BOX1162
PORT SAINT JOE, FL 32457

New Mailing Address:

FEI Number: 59-3214068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYER, RON ESQ.
2544 BLAIRSTONE PINES DR
TALLAHASSEE, FL 32301 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
Name: DAVIDSON, SKIP
Address: P.O. BOX 27
City-St-Zip: MIDLAND, GA 31820

Title: VPD
Name: DINGOS, DAVE
Address: 3974 BONNINGTON COURT
City-St-Zip: ATLANTA, GA 30341

Title: TD
Name: SUMMERS, LAURENCE T
Address: 117 TURTLEWALK
City-St-Zip: PORT ST JOE, FL 32456

Title: SD
Name: HEARD, ANDREA
Address: 652 SEA CLIFFS DRIVE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D
Name: WEAVER, DENNIS
Address: 1207 WILCOX
City-St-Zip: MARYVILLE, TN 37804

Title: D
Name: MEYER, RON
Address: 2544 BLAIRSTONE PINES DR
City-St-Zip: TALLAHASSEE, FL 32301 US

I hereby 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 all other like empowered.

SIGNATURE: LAURENCE T. SUMMERS

TD

01/06/2010

Electronic Signature of Signing Officer or Director

Date