

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004144

FILED
Mar 10, 2009
Secretary of State

Entity Name: SEA PLACE OCEANHOMES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

MAY MANAGEMENT SERVICES
5455 A1A SOUTH
ST AUGUSTINE, FL 32080 US

New Principal Place of Business:

Current Mailing Address:

MAY MANAGEMENT SERVICES
5455 A1A SOUTH
ST AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 59-3194354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES INC
MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES INC
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 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:

03/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MORRISON, ANDY
Address: 4328 OCEANHOMES CT
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP () Delete
Name: BULLERO, BARRY
Address: 126 NW76TH DR. STE A
City-St-Zip: GAINESVILLE, FL 32607

Title: TS () Delete
Name: DEVRIES, JOANN
Address: 4332 OCEAN HOMES CT
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MORRISON, ANDY
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP (X) Change () Addition
Name: BULLARD, BARRY
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: TS (X) Change () Addition
Name: DEVRIES, JOANN
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: JOANN DEVRIES

TS

03/10/2009

Electronic Signature of Signing Officer or Director

Date