

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005615

FILED
Jan 07, 2008
Secretary of State

Entity Name: SEAGULL BAY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

16743 SEAGULL BAY CT.
BOKEELIA, FL 33922 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 331
BOKEELIA, FL 33922 US

New Mailing Address:

FEI Number: 65-0734198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDERMOND, MAY C
16743 SEAGULL BAY COURT
BOKEELIA, FL 33922 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: PRES () Delete
Name: HILKENE, JOHN
Address: 16631 SEAGULL BAY COURT
City-St-Zip: BOKEELIA, FL 33922

Title: VP () Delete
Name: CASTILE, HELEN
Address: 16683 SEAGULL BAY COURT
City-St-Zip: BOKEELIA, FL 33922

Title: S () Delete
Name: MCDERMOND, MAY C
Address: 16743 SEAGULL BAY COURT
City-St-Zip: BOKEELIA, FL 33922

Title: T () Delete
Name: MCDERMOND, MAY
Address: 16743 SEAGULL BAY CT.
City-St-Zip: BOKEELIA, FL 33922

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:

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: MAY C MCDERMOND

TREA

01/07/2008

Electronic Signature of Signing Officer or Director

Date