2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004822

FILED Mar 18, 2009 Secretary of State

Entity Name: SEAWARD AT ATLANTIC VIEW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

835 ZOTH PL 5051 NORTH A1A

VERO BEACH, FL 32960 FORT PIERCE, FL 34949

Current Mailing Address: New Mailing Address:

ELLIOTT MERRILL CMTY MGMT C/O ELLIOTT MERRILL COMMUNITY MGMT 835 20TH PLACE

835 20TH PLACE VERO BEACH, FL 32960 VERO BEACH, FL 32960

FEI Number: 65-0614642 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:

CORNETT, JANE ESQ 401 E OSCEOLA ST 1ST FL STUART, FL 34994

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 (X) Change () Addition CORSETTI, STEVE MCCANN, SHEILA Name: Name:

5051 NORTH A1A #15-5 Address: 5051 NORTH A1A #11-3 Address: City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: FORT PIERCE, FL 34949

Title: Title: (X) Change () Addition () Delete

MEDORA, FRANK Name: ANTES, FRANK Name: Address: Address:

5051 N A1A 77-6 5051 NORTH A1A #PH2-3 City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: FORT PIERCE, FL 34949

Title: SD () Delete Title: (X) Change () Addition

MOYER, LINFORD MEDORA, FERDINANDA Name: Name: 5051 NORTH A1A #16-6 5051 NORTH A1A #17-6 Address: Address: City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: FORT PIERCE, FL 34949

Title: PD () Delete Title: SD (X) Change () Addition

Name: PLETKA, JOANN Name: PAUL, JANET 5051 NORTH A1A #8-5 Address: 5051 N A1A 9-4 Address:

City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: FORT PIERCE, FL 34949

Title: () Delete Title: (X) Change () Addition

ANTES, FRANK CORSETTI, STEVE Name: Name: 5051 N A1A PH 2-3 5051 NORTH A1A #15-5 Address: Address: FORT PIERCE, FL 34949 City-St-Zip: City-St-Zip: FORT PIERCE, FL 34949

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: SHEILA MCCANN **PRES** 03/18/2009