

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000628

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** SEYCHELLES COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

108 SEYCHELLES COURT  
ST AUGUSTINE, FL 32080

**New Principal Place of Business:**

112 SEYCHELLES COURT  
ST AUGUSTINE, FL 32080

**Current Mailing Address:**

P.O. BOX 2210  
ST. AUGUSTINE, FL 320852210 US

**New Mailing Address:**

P.O. BOX 840129  
ST. AUGUSTINE, FL 320852210 US

**FEI Number:** 59-3391319

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIANI, DONNA E  
112 SEYCHELLES COURT  
SAINT AUGUSTINE, FL 32080 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: D ( ) Delete  
Name: MIANI, DONNA E  
Address: 112 SEY CHELLES CT.  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: DST ( ) Delete  
Name: BAMBERG, JONATHAN  
Address: 109 SEYCHELLES CT.  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: PD ( ) Delete  
Name: PETERS, BRIDGET  
Address: 108 SEYCHELLES CT.  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: HARDY, BEVERLY  
Address: 117 SEYCHELLES COURT  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: GREEN, CHRISTINE  
Address: 20232 NW 62ND AVENUE  
City-St-Zip: ALACHUA, FL 32615

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: STEVEN, GRESHAM  
Address: 4500 SW 80TH PLACE  
City-St-Zip: GAINESVILLE, FL 32608

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: DONNA E MIANI

PRES

04/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date