2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N96000002458

Entity Name: GOLF AND SEA VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

912 GOLF ISLAND DR.
APOLLO BEACH, FL 33572 US

New Principal Place of Business:

Current Mailing Address:

GOLF & SEA VILLAGE H. D. ASSOC.
P.O. BOX 3241
APOLLO BEACH, FL 33572 US

New Mailing Address:

FEI Number: 59-3389973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAWSON, JOHN C
912 GOLF ISLAND DRIVE
APOLLO BEACH, FL 33572 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 ( ) Delete
Name: LAWSON, JOHN
Address: 912 GOLF ISLAND DR
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: T ( ) Delete
Name: SHUTE, JACK
Address: 820 GOLF ISLAND DR.
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: VP ( ) Delete
Name: SMITH, JAMES
Address: 814 GOLF ISLAND DR.
City-St-Zip: APOLLO BEACH, FL 33572

Title: S ( ) Delete
Name: PURDY, KELLY
Address: 915 GOLYE ISLAND DR.
City-St-Zip: APOLLO BEACH, FL 33572

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: JOHN C. LAWSON PRES 01/07/2009

Electronic Signature of Signing Officer or Director — Date