

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001463

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** SEA GARDENS BEACH & TENNIS RESORT - OCEAN PALMS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

615 NORTH OCEAN BLVD.  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

615 NORTH OCEAN BLVD.  
POMPANO BEACH, FL 33062

**New Mailing Address:**

FEI Number: 65-0291904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

DUNSTAN, RICK  
615 NORTH OCEAN BLVD.  
POMPANO BEACH, FL 33062 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: SED ( ) Delete  
Name: MUSSELMAN, JEFF  
Address: 8427 SOUTH CIRCLE DR.  
City-St-Zip: ORLANDO, TN 32819

Title: VPD ( ) Delete  
Name: JORGE, LARRIEU  
Address: 1101 S. OCEAN BLVD.  
City-St-Zip: POMPANO BEACH, FL 33062

Title: PD ( ) Delete  
Name: GORDON, LEW  
Address: 2601 PALM AIRE DR N  
City-St-Zip: POMPANO BEACH, FL 33062

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

Title: TSD (X) Change ( ) Addition  
Name: MUSSELMAN, JEFF  
Address: 8427 SOUTH CIRCLE DR.  
City-St-Zip: ORLANDO, FL 32819

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

Title: PD (X) Change ( ) Addition  
Name: DICKSON, DUANE  
Address: 2601 PALM-AIRE DR. N  
City-St-Zip: POMPANO BEACH, FL 33069

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: DUANE DICKSON

PD

04/01/2009

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

\_\_\_\_\_  
Date