

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001332

FILED
Mar 23, 2009
Secretary of State

Entity Name: SEA ISLE VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1904 GULF BLVD
INDIAN ROCKS BEACH, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 618
BAY PINES, FL 33744 US

New Mailing Address:

FEI Number: 59-3476316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CERCEK, LISA K AGENT
19455 GULF BLVD
8A
INDIAN ROCKS BEACH, FL 33785 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: SEC () Delete
Name: CARVER, JOHN
Address: 1904 GULF BLVD Q
City-St-Zip: INDIAN ROCK BCH, FL 33785

Title: VPD () Delete
Name: VALENTI, JOE
Address: 1904 GULF BLVD L
City-St-Zip: INDIAN ROCKS BCH, FL 33785

Title: PD () Delete
Name: DELFINO, RAY
Address: 1904 GULF BLVD I
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: T () Delete
Name: RODRIGUEZ, ROSEMARIE
Address: 1904 GULF BLVD D
City-St-Zip: INDIAN ROCKS BCH, FL 33785

Title: D () Delete
Name: GERARD, DARREL
Address: 1904 GULF BLVD J
City-St-Zip: INDIAN ROCKS BCH, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: WRIGHT, SUSAN
Address: 1904 GULF BLVD Q
City-St-Zip: INDIAN ROCK BCH, FL 33785

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

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

Title: T (X) Change () Addition
Name: OLSEN, KEN
Address: 1904 GULF BLVD P
City-St-Zip: INDIAN ROCKS BCH, FL 33785

Title: VP (X) Change () Addition
Name: GERARD, DARREL
Address: 1904 GULF BLVD J
City-St-Zip: INDIAN ROCKS BCH, FL 33785

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: LISA CERCEK

AGEN

03/23/2009

Electronic Signature of Signing Officer or Director

Date