

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001969

FILED  
Apr 10, 2009  
Secretary of State

**Entity Name:** SEAGROVE BY THE SEA COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

4192 COUNTY HWY 30-A  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BURKE & BLUE, P.A.  
P O BOX 70  
PANAMA CITY, FL 32402

**New Mailing Address:**

**FEI Number:** 59-3666867

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURKE, LES W  
221 MCKENZIE AVE  
PANAMA CITY, FL 32401 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: FLOYD, JEFF  
Address: 4915 FOUR OAKS CT  
City-St-Zip: ATLANTA, GA 30360

Title: VPD ( ) Delete  
Name: FULLER, SYLVIA  
Address: 2008 MIDDLEWOOD DR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: STD ( ) Delete  
Name: BOWLES, JESSE III  
Address: P O DRAWER 99  
City-St-Zip: CUTHBERT, GA 31740

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

Title: PD (X) Change ( ) Addition  
Name: CHASTAIN, BETSEY  
Address: P O DRAWER 99  
City-St-Zip: CUTHBERT, GA 31740

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: BETSEY CHASTAIN

PD

04/10/2009

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

\_\_\_\_\_  
Date