

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002974

FILED
Mar 31, 2009
Secretary of State

Entity Name: SEA GEMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2206 BEACH TRAIL
INDIAN ROCKS BEACH, FL 33785

New Principal Place of Business:

Current Mailing Address:

2181 INDIAN ROCKS RD S
#1
LARGO, FL 33774

New Mailing Address:

FEI Number: 59-3689928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCONNELL, NICOLA
2181 INDIAN ROCKS RD. S.
SUITE 1
LARGO, FL 33774 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: P () Delete
Name: KEEFE, MARK
Address: 2206 BEACH TRAIL
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VT () Delete
Name: MCCAFFREY, DOUG
Address: 1 23RD AVE
City-St-Zip: INDIAN ROCKS BEACH, FL

Title: DS () Delete
Name: WONG, ELAINE
Address: 2206 BEACH TRAIL
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: KEEFE, MARK
Address: 2206 BEACH TRAIL
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VT/D (X) Change () Addition
Name: MCCAFFREY, DOUG
Address: 1 23RD AVE
City-St-Zip: INDIAN ROCKS BEACH, FL

Title: D/S (X) Change () Addition
Name: SHEARS, TIM
Address: 2206 BEACH TRAIL
City-St-Zip: INDIAN ROCKS BEACH, 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: MARK KEEFE

D/P

03/31/2009

Electronic Signature of Signing Officer or Director

Date