2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/14/2006-90038-044-$70.00-$70.00

FILED
06 OCT 16 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000005111

1. Entity Name
SEAGRAPE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~2850 DOUGLAS RD., PH-4~~ ~~CORAL GABLES, FL 33134~~ Harbor Management Services, Inc. 15600 SW 288th St. #406 Homestead, FL 33033	~~2850 DOUGLAS RD., PH-4~~ ~~CORAL GABLES, FL 33134~~ PO Box 924176 Homestead, FL 33092

2. Principal Place of Business	3. Mailing Address
15600 SW 288 St. #406 Hmst, FL 33033	PO Box 924176 Hmst., FL 33092
Suite, Apt. #, etc.: 406	Suite, Apt. #, etc.:
City & State: Homestead, FL	City & State: Homestead, FL
Zip: 33033 Country: Miami-Dade	Zip: 33092 Country: Miami-Dade

06282006 Chg-NP CR2E037 (4/06)

4. FEI Number: 20-5490722 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~DEEB, KEVIN L. ESQ.~~
~~9100 S. DADELAND BLVD., STE 1607~~
~~MIAMI, FL 33105~~
Joyce Goodman-Guenther, PA
10723 SW 104 Street
Miami, FL 33176

7. Name and Address of New Registered Agent

Name: Joyce Goodman-Guenther, PA
Street Address (P.O. Box Number is Not Acceptable): 10723 SW 104 Street
City: Miami FL Zip Code: 33176

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Joyce Guenther 7/24/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Treasurer CEVALLOS, JUAN PABLO 49 NE 12 AVENUE HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D President MENDOZA, MIGDALIA 171 NE 12 AVENUE HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition M 10/20
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Secretary ALONSO, ROLANDO 177 NE 12 AVENUE HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director LUCY Navarro 255 N.E. 12 Ave Homestead, FL. 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Julissa Cerchial 137 N.E. 12 Ave Homestead, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] President
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #