

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 31, 2008
Secretary of State

DOCUMENT# N05000005111

Entity Name: SEAGRAPE VILLAGE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**27553 S. DIXIE HWY
HOMESTEAD, FL 33032**New Principal Place of Business:****Current Mailing Address:**27553 S. DIXIE HWY
HOMESTEAD, FL 33032**New Mailing Address:****FEI Number:** 20-5490722**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**INNOVATIVE PROPERTY MANAGEMENT SERVICES OF
27553 S. DIXIE HWY
HOMESTEAD, FL 33032 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:** D,P () Delete
Name: AGUAS, JORGE
Address: 131 NE 12 AVE
City-St-Zip: HOMESTEAD, FL 33030**Title:** D,VP () Delete
Name: BALDALLAQUE, ALTAGRACIA
Address: 69 NE 12 AVE
City-St-Zip: HOMESTEAD, FL 33030**Title:** D, T () Delete
Name: MORALES, TEOFILO
Address: 91 NE 12 AVE
City-St-Zip: HOMESTEAD, FL 33030**Title:** D () Delete
Name: DARBY, JAMES L
Address: 1621 NW 12 AVE
City-St-Zip: HOMESTEAD, FL 33030**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D,P (X) Change () Addition
Name: BALDALLAQUE, ALTAGRACIA M GUILLEN
Address: 35 NE 12 AVENUE #69
City-St-Zip: HOMESTEAD, FL 33030**Title:** D,VP (X) Change () Addition
Name: MARTINEZ, MIGUEL E
Address: 35 NE 12 AVENUE #35
City-St-Zip: HOMESTEAD, FL 33030**Title:** D, T (X) Change () Addition
Name: OBREGON, RUBBER S
Address: 99 NE 12 AVENUE #99
City-St-Zip: HOMESTEAD, FL 33030**Title:** D, S (X) Change () Addition
Name: DARBY, JAMES L
Address: 109 NE 12 AVENUE #109
City-St-Zip: HOMESTEAD, FL 33030**Title:** D () Change (X) Addition
Name: CASTILLO, ANA
Address: 45 NE 12 AVENUE #45
City-St-Zip: HOMESTEAD, FL 33030

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: ALTAGRACIA M. BALDALLAQUE GUILLEN

D, P

07/31/2008

Electronic Signature of Signing Officer or Director

Date