2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 746348 1. Entity Name SEAGROVE PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business ELLIOTT MERRILL MANAGEMENT 1105-127H ST VERO BCH FL 32960 US 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO N City & State City & State 4. FEI Number 59-20 ELLIOTT MERRILL MANAGEMENT 1105-127H ST VERO BCH FL 32960 US Suite, Apt. #, etc. DO N City & State 4. FEI Number 59-20 MERILL, KAREN C/O ELLIOTT MERRILL MGMT. 1105-127H ST VERO BEACH FL 32960 City Street Address (P.O. Box Number is Not Active Company of Country City City The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the statement for the purpose of changing its registered office or registered agent, or both, in the statement for the purpose of changing its registered office or registered agent, or both, in the statement for the purpose of changing its registered office or registered agent, or both, in the statement for the purpose of changing its registered office or registered agent, or both, in the statement for the purpose of changing its registered office or registered agent, or both, in the statement for the purpose of changing its registered office or registered agent, or both, in the statement for the purpose of changing its registered office or registered agent, or both, in the statement for the purpose of changing its registered office or registered agent, or both, in the statement for the purpose of changing its registered office or registered agent, or both, in the statement for the purpose of changing its registered office or registered agent, or both, in the statement for the purpose of changing its registered office or registered agent, or both, in the statement for the purpose of changing its registered office or registered agent.

FILED Mar 05, 2001 8:00 am Secretary of State

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number 59-2043643			\longrightarrow	Applied For	
									Not Applicable	
Zip	Country	. Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional					Additional ired	
6. Name and Address of Current Registered Agent					7. Name and	Address of New Reg	distered A	jent		
				Name						
MERILL, KAREN C/O ELLIOTT MERRILL MGMT. 1105 12TH ST			Stre	Street Address (P.O. Box Number is Not Acceptable)						
	CH FL 32960		City			FL			Zip Code	
8 The above r	named entity submits this statement for	registered offic	e or register	red agent or both	in the state of Florio	da .	1			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist				ng \$5.00 May Be Added to Fees Department of				-		
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHA	NGES TO OFFICERS	S AND DIRI	CTORS	IN 10	
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12. I hereby ce	ertify that the information supplied with	this filing does not qualify for	the exemption	stated in Se	ection 119.07(3)(ii). Florida Statutes. I f	urther certi	v that th	e information	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. PALLILPS

PLES.

1 561 466 8000

Daytime Phone #