

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90040 027 \*\*\*\*61.25

10000000



03292007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # 746348</b> 1. Entity Name <b>SEAGROVE PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>835 20TH PL VERO BEACH, FL 32960 US</b>			Mailing Address <b>835 20TH PL VERO BEACH, FL 32960 US</b>		
2. Principal Place of Business - No P.O. Box # <b>3885-20th Street</b>		3. Mailing Address <b>P.O. Box 1617</b>			
Suite, Apt. #, etc. <b>Suite 202</b>		Suite, Apt. #, etc. 			
City & State <b>Vero Beach, FL</b>		City & State <b>Vero Beach, FL</b>		4. FEI Number <b>59-2043643</b>	
Zip <b>32960</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MERRILL, KAREN 835 20TH PL VERO BEACH, FL 32960</b>			7. Name and Address of New Registered Agent Name <b>Island House Mgmt / Charity Gruwell</b> Street Address (P.O. Box Number is Not Acceptable) <b>3885-20th Street, Suite 202</b> City <b>Vero Beach</b> <b>FL</b> Zip Code <b>32960</b>		
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 <u><i>Charity Gruwell</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3/28/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULKE, KATHLEEN A 1780 SAND DOLLAR WAY VERO BEACH, FL 32963	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Nancy Lohan 1770 Sand Dollar Way Vero Beach, FL 32963
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIETRICH, KARL C 1771 CYPRESS LANE VERO BEACH, FL 32963	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tom Dougherty 6028 Dakenhaur Lane Mags Landing, NJ 08330-1446
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEPHENS, DALLAS 1775 PELICAN WAY VERO BEACH, FL 32963	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR, ANDREW 335 OCEAN WAY VERO BEACH, FL 32963	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FORD, AMANDA 1789 CORAL WAY S VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARGHUNDY, TOM 1770 PELICAN WAY VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4-4-07</u> <small>Daytime Phone #</small>	