



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90271 001 ***306.25

DOCUMENT # 726026				
1. Entity Name SEA GRAPE GARDENS CONDOMINIUM, INC.				
Principal Place of Business 4705 NW 35TH ST % HAWAIIAN GRDNS PHASE 7 LAUDERDALE LKS, FL 33319		Mailing Address 4705 NW 35TH ST % HAWAIIAN GRDNS PHASE 7 LAUDERDALE LKS, FL 33319		66013590
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	01052006 Chg-NP CR2E037 (11/05)
4. FEI Number 59-1538991			Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
HAWAIIAN GARDENS PHASE 7 ASSOC. 4705 NW 35TH ST. LAUDERDALE LAKES, FL 33319			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSELLA, LAWRENCE		NAME	
STREET ADDRESS	4706 NW 36 ST		STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LKS, FL 33319		CITY-ST-ZIP	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHELL, MICHELINE		NAME	VP ROBERT CASILVA
STREET ADDRESS	4706 NW 36 ST.		STREET ADDRESS	4706 NW 36 STREET
CITY-ST-ZIP	LAUDERDALE LKS, FL 3319		CITY-ST-ZIP	LAUDERDALE LAKES FL 33319
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEXTRAZE, PHILIPPE		NAME	
STREET ADDRESS	4706 N. W. 36 ST		STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LKS., FL 3319		CITY-ST-ZIP	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEDoux, ANDRE		NAME	S- RENE SAUDIE
STREET ADDRESS	4706 NW 36TH ST		STREET ADDRESS	4706 NW 36 ST
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319		CITY-ST-ZIP	LAUDERDALE LAKES FL 33319
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUDEL, SERGE		NAME	TREASURER
STREET ADDRESS	4706 NW 36TH ST		STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319		CITY-ST-ZIP	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, LILLIAN		NAME	
STREET ADDRESS	4706 NW 36TH ST		STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319		CITY-ST-ZIP	
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: <i>Larry Massella</i>			Date: 4-25-06	Daytime Phone #: 954-486-9635
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>	<small>Daytime Phone #</small>