



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90339 001 ***306.25

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|---|--|--|--|--|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State Zip | | City & State Zip | | 03282007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1538991 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent HAWAIIAN GARDENS PHASE 7 ASSOC. 4705 NW 35TH ST. LAUDERDALE LAKES, FL 33319 | | | 7. Name and Address of New Registered Agent 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, 2007 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | P MASSELLA, LAWRENCE 4706 NW 36 ST LAUDERDALE LKS, FL 33319 | <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 | VP DA SILVA, ROBERT 4706 NW 36 ST. LAUDERDALE LKS, FL 33319 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | HABIB LICHAA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4706 NW 36 STREET LAUDERDALE LAKES FL 33319 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DEXTRAZE, PHILIPPE 4706 N. W. 36 ST LAUDERDALE LKS., FL 33319 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JACQUES PROULX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME AS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SAVOIE, RENE 4706 NW 36TH ST LAUDERDALE LAKES, FL 33319 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | LISE THERRIEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME AS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T TRUDEL, SERGE 4706 NW 36TH ST LAUDERDALE LAKES, FL 33319 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MICHELLE MAHEU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME AS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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: LARRY MASSELLA <i>Larry Massella</i> 4-3-07 954-484-3522 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |