


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State


DOCUMENT # 727392
 1. Entity Name
SEA GRAPE VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**612 BIRD BAY DRIVE, S.
 VENICE, FL 34292**

Mailing Address
**612 BIRD BAY DRIVE, S.
 VENICE, FL 34292**

DO NOT WRITE IN THIS SPACE



01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1574929	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CIPPONERI, MARSHA
 612 BIRD BAY DRIVE SOUTH
 VENICE, FL 34285**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee Is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTOPHER, CLIFF 612 BIRD BAY DR. SOUTH VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BASSETT, JAMES 612 BIRD BAY DR. SOUTH VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POLACK, ART 612 BIRD BAY DR. SOUTH VENICE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OCHSNER, ANNETTE 612 BIRD BAY DR. S. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/21/08-80062-020 61.25

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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: *Clifford Christopher* **Clifford Christopher** 2-8-08 941-488-8403
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #