
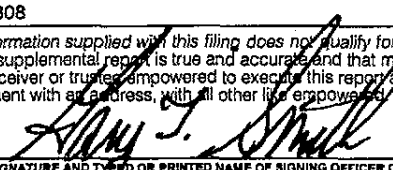

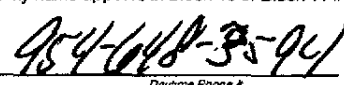


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # 732532		
1. Entity Name SEA RANCH CLUB CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 5000 NORTH OCEAN BLVD. FT LAUDERDALE, FL 33308	Mailing Address 5000 NORTH OCEAN BLVD. FT LAUDERDALE, FL 33308	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ROGER, RANDALL K P.A. 621 NW 53 ST SUITE 300 BOCA RATON, FL 33487		DO NOT WRITE IN THIS SPACE
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 re-electing)</small> DATE _____		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, GARY T 5100 N. OCEAN BLVD LAUDERDALE BY THE SEA, FL 33308	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GADRY, MARY 5000 N OCEAN BLVD FORT LAUDERDALE, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUSSO, DANTE 4900 N. OCEAN BLVD CBTS, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLCRMEYER, NANCY 5100 N. OCEAN BLVD LBTS, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIMARCO, TOM 5000 N OCEAN BLVD FT. LAUID, FL 33398	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIBSON, DEBORAH 4900 N OCEAN BLVD LBTS, FL 33308	
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: 		Date:  Daytime Phone #: 
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1657961	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/27/06-80005-000 61.25