2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 04, 2004 08:00 AM Secretary of State **DOCUMENT # 748926** 1. Entity Name SEA GRAPE INN CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 5125 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 5125 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 59-2034347 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, ROY 216 S. TRASK ST TAMPA FL 33609 Street Address (P.O. Box Number is Not Acceptable) City Zıp 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when roinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Change TITLE Addition ☐ Delete U00000035531 STEIN, SHELDON NAME NAME 3750 N LAKESHORE DR APT 2A 02/06/04-80021-012 61.25 STREET ADDRESS STREET ADDRESS CHICAGO IL 60613 CITY ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition WADSWORTH, MERLIN NAME NAME 3309 SIERRA CIRCLE STREET ADDRESS STREET ADDRESS **TAMPA FL 33629** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition SMITH, ROY NAME NAME 216 S TRASK ST. STREET ADDRESS STREET ADDRESS **TAMPA FL 33609** CITY-ST-ZIP CITY-ST-ZIP TITLE IIILE ☐ Delete Change ☐ Addition MALICH, STEVE NAME NAME 3748 SWAN'S LANDING STREET ADDRESS STREET ADDRESS LAND O LAKES FL 34639 CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. L. Ray SmiTH 01/28/04

SIGNATURE:

**FILED**