2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 04, 2006 8:00 am Secretary of State **DOCUMENT # 748926** 1. Entity Name 05-04-2006 90247 012 ****61.25 SEA GRAPE INN CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 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. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2034347 Not Applicable Zio Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WADSWORTH, MERLIN 5125 GULF OF MEXICO DRIVE Street Address (P.O. Box Number is Not Acceptable) LONGBOAT KEY FL 34228 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. SECY-TREAS . TITLE ☐ Delete TITLE Addition Change MERLIN WADSWORTH, MERLIN NAME NAME Wadsworth 3309 SIERRA STREET ADDRESS 3309 SIERRA CIRCLE STREET ADDRESS **TAMPA FL 33629** CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete TITLE ☐ Change ☐ Addition STEIN, SHELDON NAME Same 3750 N LAKESHORE DR APT 2A STREET ADDRESS STREET CHICAGO IL 60613 CITY-ST-ZIP CITY-ST-7IP Change pres<u>.</u> SEC TITLE noitibhA 🔲 TITLE _____ Delete MALICH, STEVEN NAME NAME MALICH. STEVEN STREET ADDRESS 3748 SWAN'S LANDING STREET ADDRESS 3748 SWANIS LANDING LAND 'O LAKES FL 34639 CITY-ST-ZIP CITY-ST-ZIP AND 10 LAKES TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and account that if am an officer or director

of the corporation or the receiver or trustee empiric changed, or on an attachment with an address

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