

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90039 004 ****61.25

DOCUMENT # 748926	
1. Entity Name	
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number		Applied For
59-2034347		Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WADSWORTH, MERLIN 5125 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

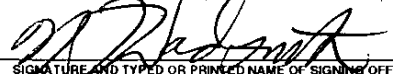
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	ST	TITLE	Pres.
NAME	WADSWORTH, MERLIN	NAME	Wadsworth, Merlin
STREET ADDRESS	3309 SIERRA CIRCLE	STREET ADDRESS	3309 Sierra Circle
CITY- ST- ZIP	TAMPA FL 33629	CITY- ST- ZIP	Tampa, FL 33629
TITLE	VP	TITLE	
NAME	STEIN, SHELDON	NAME	
STREET ADDRESS	3750 N LAKESHORE DR APT 2A	STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL 60613	CITY- ST- ZIP	
TITLE	P	TITLE	ST
NAME	MALICH, STEVEN	NAME	Brian Hounsfield
STREET ADDRESS	3748 SWAN'S LANDING	STREET ADDRESS	The Beeches, High St.
CITY- ST- ZIP	LAND O LAKES FL 34639	CITY- ST- ZIP	Somerset, UK BZ3 5AS
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
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 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:  M.F. WADSWORTH 4/4/07