

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 9:03

DOCUMENT # 750651 (2)

1. Corporation Name

SEA GRAPE TOWN HOMES PROPERTY OWNERS ASSOCIATION
, INC.

Principal Place of Business

Mailing Address

14538 SW 119 AVENUE
MIAMI FL 33186

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MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/18/1980
3a. Date of Last Report 05/01/1994

4. FEI Number 59-2495004
Applied For ☐
Not Applicable ☐

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 14275 SW 142 AVE

22 City & State

27 City & State
MIAMI, FLA

23 Zip Country

28 33186 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIAY, CARLOS
250 BIRD RD #301
CORAL GABLES, 33146

81 Name MIAMI MANAGEMENT, INC.
82 Street Address (P.O. Box Number is Not Acceptable) 14275 SW 142 AVE
83 ATTN: SEAGRAPE TOWNHOMES POA
84 City MIAMI FL 85 Zip Code 33186

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature and Typed Name of Registered Agent and Fee if Applicable

JOHN W. SYKES - TRS.

6/14/95

(NOTE: Registered Agent Signature Required when Renewing)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RICHCREEK, JIM
STREET ADDRESS	8635 FRANJO ROAD
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	SYKES, JOHN N
STREET ADDRESS	8605 FRANJO RD
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	DV
NAME	CORP, M. ELENA
STREET ADDRESS	20432 SW 85 AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	LYNN, HAMRICK K.
STREET ADDRESS	20436 SW 85 AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	MESZAROS, ROBERT
STREET ADDRESS	20313 SW 88 CT.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	NESTE, GEORGE JR.
STREET ADDRESS	8609 FRANJO ROAD
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	COBURN, LAVAN	
1.3 STREET ADDRESS	20298 SW 85 AVE	
1.4 CITY - ST - ZIP	MIAMI, FLA. 33189	
2.1 TITLE	DV	☒ Change ☐ Addition
2.2 NAME	JOSE GONZALEZ	
2.3 STREET ADDRESS	7941 SW 196 TERR	
2.4 CITY - ST - ZIP	MIAMI, FLA. 33189	
3.1 TITLE	OS	☒ Change ☐ Addition
3.2 NAME	HILTON, KENNETH W.	
3.3 STREET ADDRESS	20501 SW 86TH CT.	
3.4 CITY - ST - ZIP	MIAMI, FLA. 33189	
4.1 TITLE	DT	☐ Change ☐ Addition
4.2 NAME	JOHN SYKES	
4.3 STREET ADDRESS	8605 FRANJO ROAD	
4.4 CITY - ST - ZIP	MIAMI, FLA. 33189	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	WHITE, JAMES	
5.3 STREET ADDRESS	20272 SW 85 AVE	
5.4 CITY - ST - ZIP	MIAMI, FLA 33189	
6.1 TITLE	D	☒ Change ☐ Addition
6.2 NAME	TRAIL, JOHNNIE	
6.3 STREET ADDRESS	20294 SW 85 AVE	
6.4 CITY - ST - ZIP	MIAMI, FLA. 33189	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. SYKES - TRS. 4/1/95 305-233-9446

(Date)

(Telephone Number)