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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 750651 (2)

1. Corporation Name

SEA GRAPE TOWN HOMES PROPERTY OWNERS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
14536 SW 119 AVENUE MIAMI FL 33186	14275 SW 142 AVE MIAMI FL 33186-6715 US

3. Date Incorporated or Qualified: 01/18/1980
3a. Date of Last Report: 02/20/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

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

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

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

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

9. Name and Address of Current Registered Agent

MIAMI MANAGEMENT, INC.
14275 SW 142 AVE
ATTN: SEAGRAPE TOWNHOME POA
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: JOHN SYKES
82 Street Address (P.O. Box Number is Not Acceptable): 8605 FRANJO RD.
83
84 City: MIAMI FLA. FL 85 Zip Code: 33189

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] JOHN SYKES - SEAGRAPE TRES. DATE: 6/17/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	DP	☐ Change ☐ Addition
NAME	COBURN, LAURA		1.2 NAME	JOSE GONZALES	
STREET ADDRESS	20298 SW 85 AVE		1.3 STREET ADDRESS	7941 SW 196TH TERR.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FLA. 33189	
TITLE	DV	☐ DELETE	2.1 TITLE	VP	☐ Change ☐ Addition
NAME	GONZALES, JOSE		2.2 NAME	TRAIL, JOHNNIE	
STREET ADDRESS	7941 SW 196 TERR		2.3 STREET ADDRESS	20294 SW 85TH AVE.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FLA 33189	
TITLE	DS	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	HILTON, KENNETH W.		3.2 NAME	BEVERLY SYKES	
STREET ADDRESS	20501 SW 86TH CT		3.3 STREET ADDRESS	8605 FRANJO RD.	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, FLA. 33189	
TITLE	DT	☐ DELETE	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	SYKES, JOHN		4.2 NAME	JOHN SYKES	
STREET ADDRESS	8605 FRANJO ROAD		4.3 STREET ADDRESS	8605 FRANJO RD.	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	MIAMI, FLA. 33189	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, JAMES		5.2 NAME		
STREET ADDRESS	20272 SW 85 AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TRAIL, JOHNNIE		6.2 NAME		
STREET ADDRESS	20294 SW 85 AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] JOHN SYKES 6/17/97 305-233-9446