

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750651

FILED
Apr 20, 2008
Secretary of State

Entity Name: SEA GRAPE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

381 N KROME AVENUE
SUITE 205
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

PO BOX 901613
HOMESTEAD, FL 33090 US

New Mailing Address:

FEI Number: 59-2495004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYKES, JOHN
8605 FRANHO RD
ATTN: SEAGRAPE TOWNHOME POA
MIAMI, FL 33189 US

Name and Address of New Registered Agent:

SYKES, JOHN
8605 FRANJO RD
ATTN: SEAGRAPE TOWNHOME POA
MIAMI, FL 33189 US

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.

SIGNATURE: _____

04/20/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: GOOSTREE, LINDA
Address: 20410 SW 85 AVE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: HERRERA, DULCE
Address: 20432 S.W. 85 AVE.
City-St-Zip: MIAMI, FL 33189

Title: TD () Delete
Name: SYKES, JOHN
Address: 8605 FRANJO ROAD
City-St-Zip: MIAMI, FL

Title: VP D () Delete
Name: JOHNSON, DEBORAH
Address: 20412 SW 85 AVE
City-St-Zip: MIAMI, FL 33189

Title: D () Delete
Name: FERGUSON, JACQUELINE
Address: 20401 SW 86 COURT
City-St-Zip: MIAMI, FL 33189

Title: PD () Delete
Name: GOOSTREE, MICHAEL W
Address: 20410 SW 85 AVE
City-St-Zip: MIAMI, FL 33189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL GOOSTREE

P

04/20/2008

Electronic Signature of Signing Officer or Director

Date