

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

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90022 042 ****61.25



DOCUMENT # 755153
 1. Entity Name
SEA GRAPE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
5160 LAS VERDES CIRCLE **C/O M.J. GALLUP ACCOUNTING**
DELRAY BEACH FL 33484 **235 NE 6TH AVE STE D**
US **DELRAY BEACH FL 33484**
US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number Applied For -
59-2061066 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
PUGH, DAVID
C/O M.J. GALLUP ACCOUNTING
235 NE 6TH AVE, STE D
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent
 Name: **Pugh, David**
 Street Address (if Box Number is Not Applicable):
C/O M.J. GALLUP Acctg
817 GEORGE Bush BLVD
DELRAY BEACH FL 33483

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: *[Signature]* DATE: **2-14-06**
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
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	BATCHELDER, RICHARD
STREET ADDRESS	5160 LAS VERDES CR #302
CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE	DT <input type="checkbox"/> Delete
NAME	KRINJAK, ROSALYN
STREET ADDRESS	5160 LAS VERDES CIR #122
CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BATCHELDER, JEANETTE
STREET ADDRESS	5160 LAS VERDES CIRCLE #302
CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE	DVP <input checked="" type="checkbox"/> Delete
NAME	OTT, TIM
STREET ADDRESS	5160 LAS VERDES CR #301
CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE	DS <input type="checkbox"/> Delete
NAME	MANZONE, MARILYN
STREET ADDRESS	5160 LAS VERDES CR
CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE	D <input type="checkbox"/> Delete
NAME	GNANN, TOMALIN
STREET ADDRESS	5160 LAS VERSES CR
CITY-ST-ZIP	DELRAY BEACH FL 33484

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DVP JOSEPH PELTZ
STREET ADDRESS	5160 LAS VERDES CR. #124
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *[Signature]*

2-16-06