


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90021 047 \*\*\*\*61.25

<b>DOCUMENT # 755153</b>					
1. Entity Name SEA GRAPE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5160 LAS VERDES CIRCLE DELRAY BEACH, FL 33484 US			Mailing Address C/O M.J. GALLUP ACCOUNTING 817 GEORGE BUSH BLVD. DELRAY BEACH, FL 33483 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01312008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2061066 Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PUGH, DAVID C/O M.J. GALLUP ACCOUNTING 817 GEORGE BUSH BLVD DELRAY BEACH, FL 33483			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATCHELDER, RICHARD		NAME		
STREET ADDRESS	5160 LAS VERDES CR #302		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEACHLER, ANN		NAME		
STREET ADDRESS	5160 LAS VERDES CIR #321		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	SECD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLUCI, ANN		NAME		
STREET ADDRESS	5160 LAS VERDES CR. #211		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	T.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANZONE, MARILYN		NAME	ROSLYN KRINJAK	
STREET ADDRESS	5160 LAS VERDES CR #308		STREET ADDRESS	5160 LAS VERDES CR #122	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALMUTH, PEARL		NAME		
STREET ADDRESS	5160 LAS VERDES CR #324		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Chapter 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: <i>Ann Beachler</i>		Date: <i>2/27/08</i>		Daytime Phone #: <i>561-272-2617</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	