NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003437

1. Entity Name
Seagrove Condominium Association, Inc.

FILED
02 APR 26 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business	3. Mailing Address
5500 Marina Dr.	
Suite, Apt. #, etc. #2	Suite, Apt. #, etc.
City & State Holmes Beach, FL	City & State
Zip 34217 Country USA	Zip Country

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4. FEI Number 65-1042304 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Greg Oberhofer

Street Address (P.O. Box Number is Not Acceptable) 5500 Marina Dr. #2

City Holmes Beach FL Zip Code 34217

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P S D	TITLE	000005492170--5
NAME	Greg Oberhofer	NAME	-05/08/02--01054--015
STREET ADDRESS	5500 Marina Dr. #2	STREET ADDRESS	****122.50 ****122.50
CITY-ST-ZIP	Holmes Beach, FL 34217	CITY-ST-ZIP	
TITLE	VP TR D	TITLE	
NAME	Sheila Oberhofer	NAME	
STREET ADDRESS	5500 Marina Dr. #2	STREET ADDRESS	
CITY-ST-ZIP	Holmes Beach, FL 34217	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Betsy Phelps	NAME	
STREET ADDRESS	5500 Marina Dr. #2	STREET ADDRESS	
CITY-ST-ZIP	Holmes Beach, FL 34217	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

12. I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Betsy Phelps 3/25/02 941-778-7127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BB