

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000003437

1. Entity Name
SEAGROVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**220 82ND ST
HOLMES BEACH, FL 34217**

Mailing Address
**220 82ND ST
HOLMES BEACH, FL 34217**



03122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1042304

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NOWICK, MATTHEW H
220 82ND ST
HOLMES BEACH, FL 34217**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$81.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000036979
03/26/04-80020-012 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PSTD
NOWICKI, MATHEW H
220 82ND ST
HOLMES BEACH, FL 34217**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VD
BEAOLE, DENNIS
220 82ND ST
HOLMES BEACH, FL 34217**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
NOWICIA, JANET E
220 82ND ST
HOLMES BEACH, FL 34217**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/04 (941) 779-0948