

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 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
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DO NOT WRITE IN THIS SPACE



02242005 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	

6. Name and Address of Current Registered Agent NOWICK, MATTHEW H 220 82ND ST HOLMES BEACH, FL 34217	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when re-registering) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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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
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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: <u>Matthew H. Nowicki</u> <u>Matthew H. Nowicki</u> <u>4/14/05</u> <u>941 779 0948</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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