

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90289 041 \*\*\*\*61.25

<b>DOCUMENT # N01000000527</b> 1. Entity Name <b>SEA GROVE AT THE DUNES CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>310 DUVRS BLVD. NAPLES, FL 34119</b>			Mailing Address <b>6732 LONE OAK BLVD. NAPLES, FL 34109</b>		
2. Principal Place of Business <b>310 Dunes Blvd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>3050 N. Horseshoe Dr</b> Suite, Apt. #, etc. <b>#275</b>			
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>		4. FEI Number <b>59-3698579</b>	
Zip <b>34119</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KRAMER - TRIAD MANAGEMENT GROUP 6732 LONE OAK BLVD. NAPLES, FL 34109</b>				7. Name and Address of New Registered Agent Name <b>Kramer-Triad Management Group LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>3050 N. Horseshoe Drive #275</b> City <b>Naples</b> FL Zip Code <b>34104</b>	
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 reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TENZER, MARK 330 GROVE CT. 102 NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CANNADY, MICHAEL 12249 WINDPOINTE PASS CARMEI, IN 46033	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORAZIO, RITA 375 SGA GROVE LANE #201 NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUFF, PHIL 320 GROVE COURT #201 NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZYBLUT, ROBERT 375 SEAGROVE LANE # 101 NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additions/changes)				
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.					
<b>SIGNATURE:</b>  <b>April 07, 2005 (239) 263-1577</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					