


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90354 009 ****61.25

DOCUMENT # N01000000527 1. Entity Name SEA GROVE AT THE DUNES CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 310 DUNES BLVD. NAPLES, FL 34119	Mailing Address 3050 N. HORSESHOE DR. #275 NAPLES, FL 34104
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<h2>DO NOT WRITE IN THIS SPACE</h2>



04082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3698579	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KRAMER - TRIAD MANAGEMENT GROUP 3050 N. HORSESHOE DR #275 NAPLES, FL 34104
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<h2>DO NOT WRITE IN THIS SPACE</h2>

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 reconstituting) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKLARSKI, FRANK 350 GROVE CT #202 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CIRILLI, DANTE 365 SEA GROVE LN #102 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DORAZIO, RITA 325 SEA GROVE LN #201 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORIARTY, EDWARD 330 GROVE CT #101 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZYBLUT, ROBERT 375 SEAGROVE LANE # 101 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<h2>DO NOT WRITE IN THIS SPACE</h2>

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: *Matthew J. Brown* 4-14-08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #