

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000527

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** SEA GROVE AT THE DUNES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

310 DUNES BLVD.  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

3050 N. HORSESHOE DR.  
#275  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 59-3698579

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KRAMER - TRIAD MANAGEMENT GROUP  
3050 N. HORSESHOE DR #275  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

BENSON'S KT  
3050 N. HORSESHOE DR #275  
NAPLES, FL 34104 US

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: BONITA VANDALL

04/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SKLARSKI, FRANK  
Address: 350 GROVE CT #202  
City-St-Zip: NAPLES, FL 34110

Title: VP ( ) Delete  
Name: CIRILLI, DANTE  
Address: 365 SEA GROVE LN #102  
City-St-Zip: NAPLES, FL 34110

Title: S ( ) Delete  
Name: DORAZIO, RITA  
Address: 325 SEA GROVE LN #201  
City-St-Zip: NAPLES, FL 34110

Title: T ( ) Delete  
Name: MORIARTY, EDWARD  
Address: 330 GROVE CT #101  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: ZYBLUT, ROBERT  
Address: 375 SEAGROVE LANE # 101  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK SKLARSKI

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date