


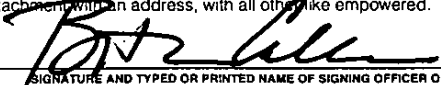


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90085 038 ****61.25

DOCUMENT # N04000001292 1. Entity Name SEAGROVE AT SIESTA KEY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 777 S HARBOUR ISLAND BLVD STE 925 TAMPA, FL 33602				Mailing Address 777 S HARBOUR ISLAND BLVD STE 925 TAMPA, FL 33602	
2. Principal Place of Business 595 Bay Isles Rd Suite, Apt. #, etc. #201		3. Mailing Address 595 Bay Isles Rd #201 Suite, Apt. #, etc. #201			
City & State Longboat Key, FL		City & State Longboat Key, FL		4. FEI Number 34-1980836	
Zip 34228		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LITTLE, THOMAS M STE 2700 100 N TAMPA ST TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Beth Callans Management Street Address (P.O. Box Number is Not Acceptable) 595 Bay Isles Rd #201 City Longboat Key FL Zip Code 34228	
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 reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HEINBERG, C. JAE 777 S HARBOUR ISLAND BLVD STE 925 TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA Beth Callans 595 Bay Isles Rd #201 Longboat Key, FL 34228
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KERNS, LINDA A 777 S HARBOUR ISLAND BLVD STE 925 TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLE, THOMAS M 777 S HARBOUR ISLAND BLVD STE 925 TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 #					