


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90074 041 \*\*\*\*61.25

<b>DOCUMENT # N04000001292</b>					
1. Entity Name SEAGROVE AT SIESTA KEY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 595 BAY ISLES RD #201 LONGBOAR KEY, FL 34228			Mailing Address 595 BAY ISLES RD #201 LONGBOAR KEY, FL 34228		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 34-1980836	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BETH CALLANS MANAGEMENT 595 BAY ISLES RD #200 LONGBOAR KEY, FL 34228			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>Beth Callans</i> on behalf of Seagrove at Siesta Key Condominium Assoc. Inc. (NOTE: Registered Agent signature required when reinstating) DATE <i>4/21/08</i>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT TREASURER <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROWE, STEPHEN		NAME		
STREET ADDRESS	1100 SEA GROVE LN		STREET ADDRESS		
CITY-ST-ZIP	SIESTA KEY, FL 34242		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'SHEA, JOHN		NAME		
STREET ADDRESS	1040 SEAGROVE LN		STREET ADDRESS		
CITY-ST-ZIP	SIESTA KEY, FL 34242		CITY-ST-ZIP		
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SZAREK, LENNY		NAME		
STREET ADDRESS	1010 SEAGROVE LN BH5		STREET ADDRESS		
CITY-ST-ZIP	SIESTA KEY, FL 34242		CITY-ST-ZIP		
TITLE	SECRET <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEDI, GUOMINGLEE Gurminder		NAME		
STREET ADDRESS	1100 SEAGROVE LN BH1		STREET ADDRESS		
CITY-ST-ZIP	SIESTA KEY, FL 34242		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMERON MITCHELL		NAME		
STREET ADDRESS	1000 SEAGROVE LANE		STREET ADDRESS		
CITY-ST-ZIP	SIESTA KEY FL 34242		CITY-ST-ZIP		
TITLE	PRESIDENT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JEFFREY BERGER		NAME		
STREET ADDRESS	1000 SEAGROVE LANE		STREET ADDRESS		
CITY-ST-ZIP	SIESTA KEY FL 34242		CITY-ST-ZIP		
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

4/21/2008 / 941 387-3443