

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001292

FILED
Apr 09, 2009
Secretary of State

Entity Name: SEAGROVE AT SIESTA KEY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

595 BAY ISLES RD
#201
LONGBOAR KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

595 BAY ISLES RD
#201
LONGBOAR KEY, FL 34228

New Mailing Address:

FEI Number: 34-1980836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETH CALLANS MANAGEMENT
595 BAY ISLES RD
#200
LONGBOAR KEY, FL 34228 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CROWE, STEPHEN
Address: 1100 SEA GROVE LN
City-St-Zip: SIESTA KEY, FL 34242

Title: V () Delete
Name: O'SHEA, JOHN
Address: 1040 SEAGROVE LN
City-St-Zip: SIESTA KEY, FL 34242

Title: S () Delete
Name: BEDI, GURMINDER
Address: 1100 SEAGROVE LN BH1
City-St-Zip: SIESTA KEY, FL 34242

Title: D () Delete
Name: MITCHELL, CAMERON
Address: 1000 SEAGROVE LANE
City-St-Zip: SIESTA KEY, FL 34242

Title: P () Delete
Name: BERGER, JEFFREY
Address: 1000 SEAGROVE LANE
City-St-Zip: SARASOTA, FL 34242

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: STEPHEN CROWE

T

04/09/2009

Electronic Signature of Signing Officer or Director

Date