
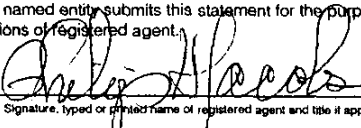
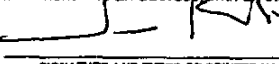


FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90026 045 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N04000003804			
1. Entity Name SEAGROVE NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business 432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250		Mailing Address 432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250	
2. Principal Place of Business - No P.O. Box # 461 AIA BEACH BLVD.		3. Mailing Address 461 AIA BEACH BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST. AUGUSTINE, FL		City & State ST. AUGUSTINE, FL	
Zip 32080	Country USA	Zip 32080	Country USA
6. Name and Address of Current Registered Agent MCGARVEY, JAMES N JR. 432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent Name JACOBS, JACOBS & ASSOCIATES, INC Street Address (P.O. Box Number is Not Acceptable) 461 AIA BEACH BLVD City ST. AUGUSTINE FL Zip Code 32080	
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.		SIGNATURE PHILIP A. JACOBS (NOTE: Registered Agent signature required when reinstating)	
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 NAME STREET ADDRESS CITY-ST-ZIP	PD STAUFFER, MICHAEL 432 OSCEOLA AVE. JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jack Robinson 1012 Salt Water Cir, St. Augustine, FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GENOVESE, BILL 432 OSCEOLA AVE. JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tres. Tom Reed 317 High Tide Dr St. Augustine, FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT KELLEY, PATRICIA H 432 OSCEOLA AVE. JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Dinah Robertson 432 Osceola Ave. Jacksonville, FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Officer Brian Gale 316 High Tide Drive St. Augustine, FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1/29/08 Daytime Phone # 678-858-1977	