

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005111

FILED
Apr 21, 2009
Secretary of State

Entity Name: SEAGRAPE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

27553 S. DIXIE HWY
HOMESTEAD, FL 33032

New Principal Place of Business:

Current Mailing Address:

27553 S. DIXIE HWY
HOMESTEAD, FL 33032

New Mailing Address:

FEI Number: 20-5490722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INNOVATIVE PROPERTY MANAGEMENT SERVICES OF
27553 S. DIXIE HWY
HOMESTEAD, FL 33032 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: D,P () Delete
Name: BALDALLAQUE, ALTAGRACIA M GUILLEN
Address: 35 NE 12 AVENUE #69
City-St-Zip: HOMESTEAD, FL 33030

Title: D,VP () Delete
Name: MARTINEZ, MIGUEL E
Address: 35 NE 12 AVENUE #35
City-St-Zip: HOMESTEAD, FL 33030

Title: D, T () Delete
Name: OBREGON, RUBBER S
Address: 99 NE 12 AVENUE #99
City-St-Zip: HOMESTEAD, FL 33030

Title: D, S () Delete
Name: DARBY, JAMES L
Address: 109 NE 12 AVENUE #109
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: CASTILLO, ANA
Address: 45 NE 12 AVENUE #45
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change () Addition
Name: BALDALLAQUE, ALTAGRACIA M GUILLEN
Address: 69 NE 12 AVENUE #69
City-St-Zip: HOMESTEAD, FL 33030

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: BALDALLAQUE, ALTAGRACIA

D,P

04/21/2009

Electronic Signature of Signing Officer or Director

Date