05/01/2008 12:25 9545665400 DAVID E BUCK

FILED
May 09, 2008 8:00 am
Secretary of State
05-09-2008 90005 045 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000006545

1. Entity Name
SEAGRAPE BY THE SEA HOMEOWNERS' ASSOCIATION, INC.

I empl

40099953

Principal Place of Business	Mailing Address
226 BASIN DRIVE FT. LAUDERDALE, FL 33308	226 BASIN DRIVE FT. LAUDERDALE, FL 33308

05012008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2564 NW 63RD ST	2564 NW 63RD ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON FL	City & State: BOCA RATON FL
Zip: 33496 Country: USA	Zip: 33496 Country: USA

4. FEI Number ~~770821073~~ 26-2166399 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEAGRAPE BY THE SEA HOMEOWNERS ASSOCIATION
4332 SEAGRAPE DRIVE A-1
LAUDERDALE BY THE SEA
FT. LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name: ANTHONY LOMASCOLO
Street Address (P.O. Box Number Is Not Acceptable): 2564 NW 63RD AVE
City: BOCA RATON FL Zip Code: 33496

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. ANTHONY LOMASCOLO

SIGNATURE X ______ 5/1/2008
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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PRES /D LOMASCOLO, ANTHONY B 2564 NW 63RD ST. BOCA RATON, FL 33496	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 all other like empowered.

SIGNATURE: X ______ PRESIDENT 5/1/2008 954 615 4332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ANTHONY LOMASCOLO