

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90040 030 \*\*\*\*61.25

**DOCUMENT # N05000012121**

1. Entity Name  
**SEAVIEW PARK CLUB CONDOMINIUM A ASSOCIATION, INC.**



Principal Place of Business  
**8190 STATE RD 84  
DAVIE, FL 33324**

Mailing Address  
**8190 STATE RD 84  
DAVIE, FL 33324**



2. Principal Place of Business - No P.O. Box #  
**8151 Peters Road**

3. Mailing Address  
**8151 Peters Road**

Suite, Apt. #, etc.  
**Crossroads Bldg. #2**

Suite, Apt. #, etc.  
**Crossroads Bldg. #2**

01052007 Chg-NP CR2E037 (12/06)

City & State  
**Plantation, FL**

City & State  
**Plantation, FL**

4. FEI Number  
**20-3929831**

Applied For  
Not Applicable

Zip  
**33324**

Country

Zip  
**33324**

Country

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

**6. Name and Address of Current Registered Agent**

**JEFFREY R. MARGOLIS, P.A.  
C/O DUANE MORRIS LLP  
200 SOUTH BISCAYNE BLVD., SUITE 3400  
MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

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

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, 2007**

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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP  
SCHRAGER, MARLENE  
8190 STATE RD 84  
DAVIE, FL 33324** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DST  
VANESS, RICHARD  
8190 STATE RD 84  
DAVIE, FL 33324** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DV  
AREAN, CARLOS  
8190 STATE RD 84  
DAVIE, FL 33324** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DST  
CUMMINGS, KENDALL  
8151 Peters Road  
Plantation, FL 33324** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DV  
PAPALE, MICHAEL  
8151 Peters Road  
Plantation, FL 33324** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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:** *Marlene Schrager* **MARLENE SCHRAGER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/23/07*

Date

*954-320-0023*

Daytime Phone #