

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90048 030 \*\*\*\*61.25

<b>DOCUMENT # N06000006406</b>					
<b>1. Entity Name</b> SEAGROVE CONDOMINIUM OWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250			<b>Mailing Address</b> 432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250		
<b>2. Principal Place of Business - No P.O. Box #</b> 461 A1A Beach Bnd Suite, Apt. #, etc. St Augustine, FL		<b>3. Mailing Address</b> 461 A1A Beach Bnd Suite, Apt. #, etc.			
<b>City &amp; State</b> St Augustine FL		<b>City &amp; State</b> St Augustine FL		<b>4. FEI Number</b> 20-5048317	
<b>Zip</b> 32080		<b>Country</b> St Johns		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MCGARVEY, JAMES N JR. 432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250				<b>7. Name and Address of New Registered Agent</b> Name: Philip H. Jacobs Street Address (P.O. Box Number is Not Acceptable): 461 A1A Beach Bnd City: St Augustine FL Zip Code: 32084	
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> <span style="float: right;">4/14/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> P <b>NAME</b> STAUFFER, MICHAEL <b>STREET ADDRESS</b> 432 OSCEOLA AVENUE <b>CITY-ST-ZIP</b> JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> GALE, BRIAN <b>STREET ADDRESS</b> 432 OSCEOLA AVENUE <b>CITY-ST-ZIP</b> JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> ST <b>NAME</b> KELLEY, PATRICIA H <b>STREET ADDRESS</b> 432 OSCEOLA AVENUE <b>CITY-ST-ZIP</b> JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Robinson, Dink K <b>STREET ADDRESS</b> 432 Osceola Ave <b>CITY-ST-ZIP</b> Jacksonville Bch, FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> <span style="float: right;">4/10/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					