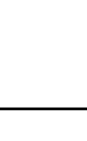


DOCUMENT # N27693			
1. OFFICER OR DIRECTOR SEA GRAPE BAY CONDOMINIUM ASSOCIATION, INC.			
OFFICER OR DIRECTOR 9411 CYPRESS LAKE DR. STE #2 FT. MYERS, FL 33919	OFFICER OR DIRECTOR 9411 CYPRESS LAKE DR. STE #2 FT. MYERS, FL 33919		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent GELLES, ROBERT C/O SCHOO MANAGEMENT 9411-2 CYPRESS LAKE DRIVE FORT MYERS, FL 33919			
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
Filing Fee is \$81.25 Due by May 1, 2005		9. OFFICER OR DIRECTOR <input type="checkbox"/>	
10. OFFICER OR DIRECTOR		11. OFFICER OR DIRECTOR	
TITLE	SD PAOLERCIO, TONY <input type="checkbox"/> Delete	TITLE	
NAME	PAOLERCIO, TONY	NAME	
STREET ADDRESS	345 MANGO STREET #204	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	CITY-ST-ZIP	
TITLE	TD MURPHY, CAROL <input type="checkbox"/> Delete	TITLE	PD
NAME	MURPHY, CAROL	NAME	Car
STREET ADDRESS	345 MANGO STREET #302	STREET ADDRESS	34
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	CITY-ST-ZIP	For
TITLE	PD WANATKA, EMIL <input type="checkbox"/> Delete	TITLE	VPI
NAME	WANATKA, EMIL	NAME	Em
STREET ADDRESS	345 MANGO ST #604	STREET ADDRESS	34
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	CITY-ST-ZIP	For
TITLE	D HORNER, JOHN <input type="checkbox"/> Delete	TITLE	TD
NAME	HORNER, JOHN	NAME	John
STREET ADDRESS	345 MANGO ST. #303	STREET ADDRESS	34
CITY-ST-ZIP	FT. MYERS BCH., FL 33931	CITY-ST-ZIP	For
TITLE	VD MCCUSKER, LEO <input type="checkbox"/> Delete	TITLE	D
NAME	MCCUSKER, LEO	NAME	Leo
STREET ADDRESS	345 MANGO STREET #601	STREET ADDRESS	34
CITY-ST-ZIP	FT. MYERS BCH., FL 33931	CITY-ST-ZIP	For
TITLE	<input type="checkbox"/> Delete	TITLE	For
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 609.04(1)(a) of the Florida Condominium Act, Chapter 718, F.S., as indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 609, F.S., changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Emil Wanatka</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			