
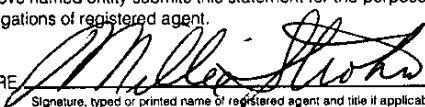
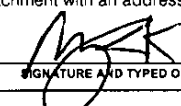


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90476 025 \*\*\*\*61.25

<b>DOCUMENT # N27693</b> 1. Entity Name <b>SEA GRAPE BAY CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <del>6700</del> <b>6719</b> WINKLER RD STE #200 FT. MYERS, FL 33919				Mailing Address <del>6700</del> <b>6719</b> WINKLER RD STE #200 FT. MYERS, FL 33919	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04232007    Chg-NP    CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0123343</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ALLIANT PROP. MGMT</b> <del>6700 WINKLER RD-2</del> <b>FORT MYERS, FL 33919</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6719 Winkler Rd. Suite 200</b> City <b>FL</b> 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  <b>M. H. E. STROHM Agent</b> <b>4-23-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>PAOLERCIO, TONY</b> <b>345 MANGO STREET #204</b> <b>FORT MYERS BEACH, FL 33931</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TONY Paolercio</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MURPHY, CAROL</b> <b>345 MANGO STREET #302</b> <b>FORT MYERS BEACH, FL 33931</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LYNNE Hattle</b> <b>345 mango st Unit 501</b> <b>Fort Myers Beach FL 33931</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>WANATKA, EMIL</b> <b>345 MANGO ST #604</b> <b>FORT MYERS BEACH, FL 33931</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Mike Paolercio</b> <b>345 mango st Unit 205</b> <b>Fort Myers, FL 33931</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>HORNER, JOHN</b> <b>345 MANGO ST. #303</b> <b>FT. MYERS BCH., FL 33931</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Maple Ann Walker</b> <b>345 mango st Unit 404</b> <b>Fort Myers Beach, FL 33931</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MCCUSKER, LEO</b> <b>345 MANGO STREET #601</b> <b>FT. MYERS BCH., FL 33931</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> 		<b>4/25/07</b> <b>239.454.1101</b> <small>Date Daytime Phone #</small>			