1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9200000053

1. Corporation Name

SEA GARDENS BEACH & TENNIS RESORT CONDOMINIUM AS SOCIATION, INC.

Principal Place of Business

Mailing Address

615 N OCEAN BLVD POMPANO BEACH FL 33062 615 N OCEAN BLVD POMPANO BEACH FL 33062

FILED Mar 25, 1999 8:00 am § Secretary of State

03-25-1999 90039 028 ****61.25

Principal Place of Business 2a. Mailing Address			3. Date Incorporated or Qualifed		
21		26			10/30/1992
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4FEI Number - Applied For
22		27			65-0387494 Not Applicable
City & State	9	City & State			5. Certificate of Status Desired \$8.75 Additional
23		28			5. Certificate of Status Desired Fee Required
Zip	Country	Zip	Country	/	6. Election Campaign Financing 55.00 May Be
24	25	29 30	0	_	Trust Fund Contribution Added to Fees
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
		81	Name	ROBERT FELICE	
BUAGAN WENT O		82	82 Street Address (P.O. Box Number is Not Acceptable)		
BHAGAN, KENT ROBERT FELICE		62	LIS N. OCEM BLVD.		
615 N OCEAN BLVD			83		
PUMPANU	BEACH FL 33062				Pompanio BEACH, FL 33062
			84	City	FI 85 Zip Code
44 5	4 Carling C17 0500		the abov	e-pamed o	corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State o	of Florida. Such change was auth	iorized Di	tne corpor	oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florida	a Statute:		
SIGNATURE	ROBERT FEL	1CE		KM	W July 31, 1999
	Signature, typed or printed name of registered agent			ent signature rec	require when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12
12.	OFFICERS AND	D DIRECTORS P DELETE	13.		
TITLE	PD	DELETE	1.1 TITLE		PRES. (PD)
NAME	BHAGEN, KEN		1.2 NAME	• •	THOMA, RICHARD
STREET ADDRESS 40 HOMEWOOD AVENUE, #509 133		1.3 STREE	TADDRESS	118 DAMIAN COURT	
CITY-ST-ZIP	TORONTO, ONTARIO M4Y 2K2		1,4 CITY-1	ST-ZIP	JEANNETTE PA. 15644
TITLE	- VPD-	DELETE	2.1 TITLE		(VP →)
NAME THOMA, RICHARD		2.2 NAME	1	GRINER, GARY	
· ·		2.3 STREE	TADDRESS	187 OLD ORTAN LANE	
ECTY ST ZIP	JEANNETTE PA 15644		2. 4 CITY-	ST-ZIP	BROWNSBORD AL 35741
TITLE	-SD-	DELETE	3.1 TITLE		(SD) Dechange Addition
NAME	GRINER, GARY		3.2 NAME		VERN VANESSA
•		3.3 STREE	T ADDRESS		
CITY-ST-ZIP	BROWNSBORO AL 35741-3		3.4. CITY-	ST-ZIP	MAPLETON, IL. 61547
TITLE	TD	DELETE	4.1 TITLE		Change Cladition
NAME	PROVENCHER, SHARON	-	4. 2 NAME	ין ו	(TD)
	1209 MAUREEN CRESCENT			T ADDRESS	EGELNOFER ARTHUR 30 RIDGE BRIVE NORTH
STREET ADDRESS					OLD SAYBROOK, CT 06475
CITY-ST-ZIP	SADBURY, ONTARIO PAS 3K6	DELETE	4.4 CITY-	Si-ZIP	Change Addition
TITLE	D TODUCO CUEDOV	□ pereie	5.1 IIILE 5.2 NAME		
NAME	TORKOS, SHERRY			ET ADDRESS	· ·
STREET ADDRESS	238 BERTIE STREET, #6				
CITY-ST-ZIP	FORT ERIE, ONTARIO L2A 1Z3		5.4 CITY-	\$1-ZP	☐ Change ☐ Addition
TITLE	ļ D	DELETE	6.1 TITLE	1	☐ Change ☐ Addition
NAME ·	JACKSON, JADA		6.2 NAME	1	
STREET ADDRESS	4386-SILSBY ROAD		6.3 STRE	ET ADDRESS	
	LINE COORS LIESONES OUT 4444		C 4 CITY	CT 2ID	1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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(724) 334-3325

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