

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

DOCUMENT # N92000000053

1. Entity Name

**SEA GARDENS BEACH & TENNIS RESORT CONDOMINIUM
ASSOCIATION, INC.**



VEN
INV
DUE
ACC
AMC
DATE APPROVED
APPROVED BY

03-26-2004 90031 048 ****61.25

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0387494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIVACK, EVAN
615 N. OCEAN BLVD.
POMPANO BEACH FL 33062**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **PD THOMA, THOMP, RICHARD** ☐ Delete
STREET ADDRESS **118 DAMIAN COURT**
CITY-ST-ZIP **JEANNETTE PA 15644**

TITLE
NAME **GRINER, GARY** ☐ Delete
STREET ADDRESS **187 OLD ORTAN LANE**
CITY-ST-ZIP **BROWNBORO AL 35741**

TITLE
NAME **SD KERN, VANESSA** ☐ Delete
STREET ADDRESS **11301 W. TIMBER ROAD**
CITY-ST-ZIP **MAPLETON IL 61547**

TITLE
NAME **TD EGLENOFER, ARTHUR** ☐ Delete
STREET ADDRESS **30 RIDGE DRIVE NORTH.**
CITY-ST-ZIP **OLD SAYBROOK CT 06475**

TITLE
NAME **BM RUSSELL, RICK** ☐ Delete
STREET ADDRESS **1509 BARN SWALLOW DRIVE**
CITY-ST-ZIP **AUSTIN TX 78746**

TITLE
NAME **BM EWERT, ARLINE** ☐ Delete
STREET ADDRESS **268 LAURA AVE BOX 419**
CITY-ST-ZIP **DUCHESSE AB, CANADA to-jo20**

TITLE
NAME **B.M PAUL GREENFIELD** ☐ Change ☒ Addition
STREET ADDRESS **126 GREENWOOD ST.**
CITY-ST-ZIP **CONISTEO N.Y. 14823**

TITLE
NAME **B.M WALTER UDELL** ☐ Change ☒ Addition
STREET ADDRESS **1042 CAMP TRAIL ROAD**
CITY-ST-ZIP **QUAKERTOWN, P.A. 18957**

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

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

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

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

12. 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 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:

Richard Thoma

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04

Date

704-334-3325

Daytime Phone #