2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2005 8:00 am Secretary of State

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DOCUMENT # N9200000053 1. Entity Name SEA GARDENS BEACH & TENNIS RESORT CONDOMINIUM ASSOCIATION, INC.					03	-24-2005 9	0031 027	' ****61	.25
Principal Place of Business Mailing Address 615 N OCEAN BLVD 615 N OCEAN BLVD POMPANO BEACH, FL 33062 POMPANO BEACH, FL			3062						
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2. Principal Place of Business 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02222005 Ch	g-NP	CR2E037	(10/03)	
City & State		City & State			4. FEI Number 65-0387494	4			plied For
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired		8.75 Add	litional
	6. Name and Address of Current R	egistered Agent			7. Name and Addr	ess of New Re	gistered Ag	jent	
SPIVACK, EVAN			Name						
615 N. OCEAN BLVD. POMPANO BEACH, FL 33062			Street Address		(P.O. Box Number is Not Acceptable)				
	_							·	
			City				FL	Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or	registere	ed agent, or both, in t	the State of Flor	rida. I am fa	miliar with,	and accept
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SIGNATURE							200	1	 ;
SIGNATURE	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE: F	Registered Agent signal	ure required t	when reinstating)		DATE	1-	
SIGNATUHE	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	Ma	DATE ake check da Departr	payable to	o
SIGNATURE	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be	Ma Flori	ake check da Departr	payable to	o tate
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10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRI PD THOMA, RICHARD	9. Election Camp Trust Fund Co	paign Financing ntribution. 11. TITLE NAME	□	\$5.00 May Be Added to Fees DDITIONS/CHANGE	Ma Flori	ake check da Departr	payable to nent of St	o tate
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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: Z

us D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7a4 334 3325 Oaytime Phone #