
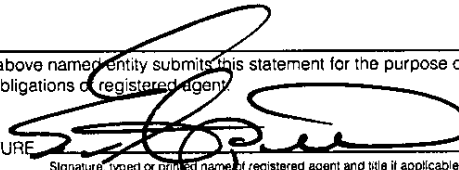
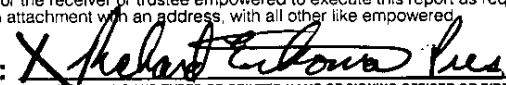


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-24-2005 90031 027 ****61.25

DOCUMENT # N92000000053					
1. Entity Name SEA GARDENS BEACH & TENNIS RESORT CONDOMINIUM ASSOCIATION, INC.					
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		Country		02222005 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0387494				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 			DATE 3/17/05		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME THOMA, RICHARD	<input type="checkbox"/> Delete	TITLE WALTER UDELL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME 1042 CAMP TRAIL ROAD QUAKERTOWN PA. 18951
STREET ADDRESS 118 DAMIAN COURT	CITY-ST-ZIP JEANNETTE, PA 15644		STREET ADDRESS 	CITY-ST-ZIP	
TITLE V	NAME GRINER, GARY	<input type="checkbox"/> Delete	TITLE ED RALISKI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME WEST TELFAIR CIR. WILMINGTON N.C. 28411
STREET ADDRESS 187 OLD ORTAN LANE	CITY-ST-ZIP BROWNBORO, AL 35741		STREET ADDRESS 	CITY-ST-ZIP	
TITLE SD	NAME KERN, VANESSA	<input type="checkbox"/> Delete	TITLE MARIL PROVENCEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME 1209 MARUREEN CRESSENT SUDBURY CNT. CAN. P3A-3K6
STREET ADDRESS 11301 W. TIMBER ROAD	CITY-ST-ZIP MAPLETON, IL 61547		STREET ADDRESS 	CITY-ST-ZIP	
TITLE TD	NAME EGLENOFER, ARTHUR	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 30 RIDGE DRIVE NORTH	CITY-ST-ZIP OLD SAYBROOK, CT 06475		STREET ADDRESS 	CITY-ST-ZIP	
TITLE BM	NAME RUSSELL, RICK	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 1509 BARN SWALLOW DRIVE	CITY-ST-ZIP AUSTIN, TX 78746		STREET ADDRESS 	CITY-ST-ZIP	
TITLE BM	NAME EWERT, ARLINE	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 268 LAURA AVE BOX 419	CITY-ST-ZIP DUCHESS AB, CANADA, tojo20		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: 			DATE: 3/21/05 DAYTIME PHONE #: 724 334 3325		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					