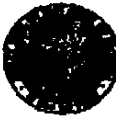
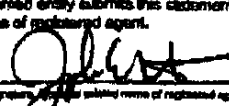


**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90027 042 \*\*\*\*61.25

**2006 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                                                                                    |                                                                                                                                                            |                                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N92000000053</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                                    |                                                                                                                                                            |  |  |
| 1. Entity Name<br><b>SEA GARDENS BEACH &amp; TENNIS RESORT<br/>CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                                                    |                                                                                                                                                            |                                                                                   |  |
| Principal Place of Business<br><b>615 N OCEAN BLVD<br/>POMPANO BEACH, FL 33062</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                                                    | Mailing Address<br><b>615 N OCEAN BLVD<br/>POMPANO BEACH, FL 33062</b>                                                                                     |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                                    | 3. Mailing Address                                                                                                                                         |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                                                    | Suite, Apt. #, etc.                                                                                                                                        |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                                    | City & State                                                                                                                                               |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      | Country                                                                            |                                                                                                                                                            | Zip                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                                                                                    |                                                                                                                                                            |                                                                                   |  |
| 4. FE Number<br><b>65-0367404</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                                                                    |                                                                                                                                                            | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                                                    |                                                                                                                                                            | \$8.75 Additional<br>Fee Required                                                 |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                                                                                    | 7. Name and Address of New Registered Agent                                                                                                                |                                                                                   |  |
| SPIVACK, EVAN<br>615 N. OCEAN BLVD.<br>POMPANO BEACH, FL 33062                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                                    | Name <b>JOHN VITALE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>615 NORTH OCEAN BLVD.</b><br>City <b>POMPANO BEACH</b> FL <b>33062</b> |                                                                                   |  |
| 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>Resort Manager</b> 5/3/06<br>Signature of the entity's registered agent and the applicable (NOTE: Registered Agent's signature is required when changing agent)                                                                                                                                                                                                                                                                                                                                                                            |      |                                                                                    |                                                                                                                                                            |                                                                                   |  |
| Filing Fee is \$89.50<br>Due by September 6, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |                                                                                                                                                            | \$5.00 May be<br>Added to Fees                                                    |  |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                                                                    |                                                                                                                                                            |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                                                    |                                                                                                                                                            |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NAME | STREET ADDRESS                                                                     | CITY-ST-ZIP                                                                                                                                                | <input type="checkbox"/> Delete                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PD   | THOMA, RICHARD                                                                     | 118 DAMIAN COURT                                                                                                                                           | JEANNETTE, PA 15044                                                               |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NAME | STREET ADDRESS                                                                     | CITY-ST-ZIP                                                                                                                                                | <input type="checkbox"/> Delete                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | V    | GRINER, GARY                                                                       | 187 OLD ORTAN LANE                                                                                                                                         | BROWNSBORO, AL 35741                                                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NAME | STREET ADDRESS                                                                     | CITY-ST-ZIP                                                                                                                                                | <input type="checkbox"/> Delete                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SD   | KERN, VANESSA                                                                      | 11301 W. TIMBER ROAD                                                                                                                                       | MAPLETON, IL 61547                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NAME | STREET ADDRESS                                                                     | CITY-ST-ZIP                                                                                                                                                | <input type="checkbox"/> Delete                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TD   | EGLENOFFER, ARTHUR                                                                 | 30 RIDGE DRIVE NORTH                                                                                                                                       | OLD SAYBROOK, CT 06475                                                            |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NAME | STREET ADDRESS                                                                     | CITY-ST-ZIP                                                                                                                                                | <input type="checkbox"/> Delete                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RM   | RUSSELL, RICK                                                                      | 1508 BARN SWALLOW DRIVE                                                                                                                                    | AUSTIN, TX 78748                                                                  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NAME | STREET ADDRESS                                                                     | CITY-ST-ZIP                                                                                                                                                | <input type="checkbox"/> Delete                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RM   | EWERT, AIRLINE                                                                     | 208 LAURA AVE BOX 418                                                                                                                                      | DUCHESS AB, CANADA, J0J0G0                                                        |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                                                                                    |                                                                                                                                                            |                                                                                   |  |
| 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 539, 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 trustee or trustee empowered to execute this report as required by Chapter 517, 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 the empowered. |      |                                                                                    |                                                                                                                                                            |                                                                                   |  |
| SIGNATURE:  <b>RICHARD THOMA Pres</b> 5/2/06 724-482-4401<br>Signature and Title of Person Making or Submitting Report on Behalf of Corporation                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                                                    |                                                                                                                                                            |                                                                                   |  |