FILED
May 19, 2006 8:00 am
Secretary of State
05-19-2006 90027 042 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N92000000053

1. Entity Name
SEA GARDENS BEACH & TENNIS RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
615 N OCEAN BLVD POMPANO BEACH, FL 33062	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

05/2006 Chg-NP OR2E037 (4/06)

4. FEI Number 65-0387484 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name JOHN VITALE
Street Address (P.O. Box Number is Not Acceptable)
615 NORTH OCEAN BLVD
City POMPANO BEACH FL Zip Code 33062

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] J.C.M. RESORT MANAGER 5/3/06
Signature of new registered agent and title if applicable (NOTE: Registered Agent signature required when submitting) Date

Filing Fee is $61.25
Due by September 5, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ $6.00 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 / STREET ADDRESS / CITY-ST-ZIP	PD THOMA, RICHARD 118 DAMIAN COURT JEANNETTE, PA 15644	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GRINER, GARY 187 OLD ORTAN LANE BROWNBORO, AL 35741	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KERN, VANESSA 11301 W. TIMBER ROAD MAPLETON, IL 61547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EGLENOFER, ARTHUR 30 RIDGE DRIVE NORTH OLD SAYBROOK, CT 06475	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM RUSSELL, RICK 1509 BARN SWALLOW DRIVE AUSTIN, TX 78748	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM EWERT, ARLINE 288 LAURA AVE BOX 418 DUCHESS AB, CANADA, t0p0z0	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] RICHARD THOMA PRES 5/2/06 724-882-4401
Signature and Type or Printed Name of Director or Officer Date Daytime Phone #