

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Page 10/12

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		Country	
6. Name and Address of Current Registered Agent VITANK, JOHN 615 N. OCEAN BLVD. POMPANO BEACH, FL 33062				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when constituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 STREET ADDRESS CITY-ST-ZIP	PD THOMA, RICHARD 118 DAMIAN COURT JEANNETTE, PA 15644	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100094407501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRINER, GARY 187 OLD ORTAN LANE BROWNBORO, AL 35741	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KERN, VANESSA 11301 W. TIMBER ROAD MAPLETON, IL 61547	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EGLENOFER, ARTHUR 30 RIDGE DRIVE NORTH OLD SAYBROOK, CT 06475	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM RUSSELL, RICK 1509 BARN SWALLOW DRIVE AUSTIN, TX 78746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM EWERT, ARLINE 268 LAURA AVE BOX 419 DUCHESS AB, CANADA, tojo20	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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 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: <u>Richard Thoma Pres.</u> 3/7/07					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED

2007 MAR 21 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03072007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0387494

Applied For
☐ Not Applicable

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

FL

Zip Code



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032

REFERENCE : 811777 7578505

AUTHORIZATION

Debbie Skipper

COST LIMIT : \$ 61.25

ORDER DATE : March 20, 2007

ORDER TIME : 4:11 PM

ORDER NO. : 811777-005

CUSTOMER NO: 7578505

RECEIVED
07 MAR 21 AM 8:47
DIVISIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: SEA GARDENS BEACH & TENNIS
RESORT CONDOMINIUM ASSOCIATION
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: DEBBIE SKIPPER

EXAMINER'S INITIALS: _____