

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001463

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** SEA GARDENS BEACH & TENNIS RESORT - OCEAN PALMS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

615 NORTH OCEAN BLVD.  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

615 NORTH OCEAN BLVD.  
POMPANO BEACH, FL 33062

**New Mailing Address:**

**FEI Number:** 65-0291904

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS RD., #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TSD  
Name: HENRY, MILTON  
Address: 1110 S. OCEAN BLVD  
City-St-Zip: POMPANO BEACH, FL 33062

Title: VPD  
Name: WIECZERZAK, RICHARD  
Address: 1101 S. OCEAN BLVD.  
City-St-Zip: POMPANO BEACH, FL 33062

Title: PD  
Name: DICKSON, DUANE  
Address: 2601 PALM-AIRE DR. N  
City-St-Zip: POMPANO BEACH, FL 33069

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DUANE DICKSON

PD

01/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date