


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000006112	
1. Entity Name DALTON COTTAGES AT SEAGROVE HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 2352 ROBERTS BLVD ORLANDO, FL 32812-5311	Mailing Address 2352 ROBERTS BLVD ORLANDO, FL 32812-5311
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01192006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3491692	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MAY, BAYLLYE G
2352 ROBERTS BLVD
ORLANDO, FL 32812-5311**

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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 _____
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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAY, BAYLLYE G 2352 ROBERTS BLVD ORLANDO, FL 328125311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS MAY, LYNNE A 2352 ROBERTS BLVD ORLANDO, FL 328125311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ZIEGLER, NICOLE C 10028 TRILLIUMS DR ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/28/06-80004-002 70.00

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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: <i>Lynne A. May / Lynne A. May</i> <i>Secretary / Treasurer</i>	3/14/06	407-273-0903
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>