

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003804

Entity Name: SEAGROVE NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**352 HIGH TIDE
SAINT AUGUSTINE, FL 32080**Current Mailing Address:**3942 A1A SOUTH
SAINT AUGUSTINE, FL 32080**FEI Number:** 20-1788721**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COASTAL REALTY & PROPERTY MANAGEMENT, INC
3942 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US*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**Officer/Director Detail :**

Title	VP
Name	PINIARSKI, WILLIAM
Address	1353 SMILING FISH LANE
City-State-Zip:	ST AUGUSTINE FL 32080

Title	PRESIDENT
Name	WARD, FRANCIS
Address	1152 OVERDALE ROAD
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	SECRETARY
Name	FOX, MELISSA
Address	960 SALT WATER CIRCLE
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	TREASURER
Name	POWER, THOMAS
Address	791 TIDES END DRIVE
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	MANAGER
Name	ALLIGOOD, JUDY
Address	3942 A1A SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	DIRECTOR
Name	PRITCHETT, ED
Address	1121 OVERDALE
City-State-Zip:	ST. AUGUSTINE FL 32080

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: JUDY ALLIGOOD

MANAGER

01/22/2019

Electronic Signature of Signing Officer/Director Detail_____
Date