

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000053

Entity Name: SEA GARDENS BEACH & TENNIS RESORT CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**615 N OCEAN BLVD
POMPANO BEACH, FL 33062**Current Mailing Address:**615 N OCEAN BLVD
POMPANO BEACH, FL 33062**FEI Number:** 65-0387494**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 DIRECTOR
Name DIXON, BRYAN
Address 1002 2ND AVENUE
City-State-Zip: MYRTLE BEACH SC 29582

Title DIRECTOR, TREASURER
Name DYRE, LESLIE
Address 4201 SELKIRK DRIVE
City-State-Zip: FAIRFAX VA 22032

Title DIRECTOR
Name O'CONNOR, MARCIA
Address 195 NE 132ND TERRACE
City-State-Zip: MIAMI FL 33161

Title DIRECTOR
Name WHITLOCK, ROBERT
Address 1403 BAY AVENUE,
City-State-Zip: TRAIL BRITISH COLUMBIA V1R4A9

Title DIRECTOR, SECRETARY
Name MALONEY, ERIN
Address 77 SEASCAPE BLVD
City-State-Zip: DESTIN FL 32541

Title DIRECTOR
Name AVILES, JENNIFER
Address 6277 SEA HARBOR DRIVE
City-State-Zip: ORLANDO FL 32821

Title DIRECTOR, VP
Name WAKE, SABRINA
Address 20811 GROUSE AVENUE
City-State-Zip: GRANT CITY MO 20646

Title DIRECTOR
Name ZIERNICKI, GREGORY
Address 6373 RIDGE PLAZA DRIVE
City-State-Zip: NORTH RIDGEVILLE OH 44039

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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: ERIN MALONEY**SECRETARY****04/24/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR, PRESIDENT
Name	MARTIN, ANTOINETTE
Address	34539 PARKGROVE
City-State-Zip:	WESTLAND MI 48185