FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706759 (8)

1. Corporation Name
SEA RANCH VILLAS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5400 N OCEAN BLVD FT LAUDERDALE FL 33308	5400 N OCEAN BLVD FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1964
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-1086296 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PALMERTON, DAVID
5400 N OCEAN BLVD #59
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: Scott Maroon
82 Street Address (P.O. Box Number is Not Acceptable): 5400 N. Ocean Blvd. Villa #7
83
84 City: Fort Lauderdale FL 85 Zip Code: 33308

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

X SIGNATURE: [signature] DATE: 4-19-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MAROON, SCOTT	1.2 NAME	Maroon, Scott	
STREET ADDRESS	5400 N OCEAN BLVD #7	1.3 STREET ADDRESS	5400 N. Ocean Blvd. #7	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	Fort Lauderdale, FL	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, SKIP	2.2 NAME		
STREET ADDRESS	5400 N OCEAN BLVD #44	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	AHROLD, ROBERT	3.2 NAME		
STREET ADDRESS	5400 N OCEAN BLVD #45	3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL00000	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	DV	☒ Change ☐ Addition
NAME	MELLGREN, LARRY	4.2 NAME	Mellgren, Larry	
STREET ADDRESS	5400 N. OCEAN BLVD. #32	4.3 STREET ADDRESS	5400 N. Ocean Blvd. Villa #32	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	Fort lauderdale, FL	
TITLE	PD	5.1 TITLE	D	☐ Change ☒ Addition
NAME	PALMERTON, DAVID	5.2 NAME	Dennis Baker	
STREET ADDRESS	5400 N. OCEAN BLVD. #59	5.3 STREET ADDRESS	5400 N. Ocean Blvd. Villa #42	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	5.4 CITY-ST-ZIP		
TITLE	ST	6.1 TITLE	ST	☒ Change ☒ Addition
NAME	MERDINGER, RUTH	6.2 NAME	Biagi, Vicki	
STREET ADDRESS	5400 N OCEAN BV 46	6.3 STREET ADDRESS	5400 N. Ocean Blvd. Villa #20	
CITY-ST-ZIP	FT LAUDERDALE FL	6.4 CITY-ST-ZIP	Ft. Lauderdale, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/21/95 305-942-0495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046466