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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

706759

(8)

SEA RANCH VILLAS ASSOCIATION, INC.

| Principal Place of Business Mailing Address \$400 N OCEAN BLVD FT LAUDERDALE FL 33308 \$3. Date Incorporated or Qualified 01/28/1984 3a. Date of Last Report 01/28/1984 3. Date Incorporated or Qualified 01/28/1984 3a. Date of Last Report 01/28/1984 3b. Date of Last Report 01/28/1984 3c. Date Incorporated or Qualified 01/28/1984 3c. Election Campa | e fifice |
|--|-------------------|
| FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 3. Date Incorporated or Qualified 01/28/1984 3. Date Incorporated or Qualified 01/28/1985 3. Date Incorporated or Qualified 01/28/1985 4. FEI Number Applied F S9-1086296 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 23 City & State Country Zip Country Zip Country Added to Fee 24 25 29 30 Country 8. This corporation has liability for intangible tax under s. 199 032 For ida Statutes 9. Name and Address of Current Registered Agent SCOTT MAROON 5400 N. OCEAN BLVD. VILLA #7 FT. LAUDERDALE FL 33308 81 City Will April Address (P.C. Box Number is Not Acceptable) FL 85 Zip Country 82 Street Address (P.C. Box Number is Not Acceptable) ## 20 The Provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered. | e fifice |
| 2. Principal Place of Business | e fifice |
| 25 Suite, Apt. #, etc. City & State City & State City & State City & State Zip Country Zip Country Zip Country Added to Fee Scott MAROON 5400 N. OCEAN BLVD. VILLA #7 FT. LAUDERDALE FL 33308 Politie, Apt. #, etc. Suite, Apt. #, | e fifice |
| 5. Certificate of Status Desired Fee Required City & State Country City & State Country Country City & State Country C | e j |
| Trust Fund Contribution Added to Fee Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent SCOTT MAROON 5400 N. OCEAN BLVD. VILLA #7 FT. LAUDERDALE FL 33308 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered. |) Office |
| Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032 24 |) Office |
| 9. Name and Address of Current Registered Agent SCOTT MAROON 5400 N. OCEAN BLVD. VILLA #7 FT. LAUDERDALE FL 33308 82 Street Address (P. Box Number is Not Acceptable) 83 FL City FL 85 Zip Code 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered. |) Office Im |
| SCOTT MAROON 5400 N. OCEAN BLVD. VILLA #7 FT. LAUDERDALE FL 33308 B1 Name | office Im |
| 5400 N. OCEAN BLVD. VILLA #7 FT. LAUDERDALE FL 33308 B4 City FL B5 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered. | office im |
| 5400 N. OCEAN BLVD. VILLA #7 FT. LAUDERDALE FL 33308 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered. | office am |
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| | am |
| 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 familiar with, and accept the obligations of Section 617,0503, Florida Statutes. | |
| CIGNATURE / Link. MINCA. | |
| Signature, typed or printed name of bystered agent and internal placable. (NOTE Registered Agent signature required when reinstating). DATE | |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. | |
| TITLE PD Change Ad | tion |
| MAROON, SCOTT 12 NAME COMY FLIZUER | |
| MAROON, SCOTT STREET ADDRESS CITY-ST-ZIP MAROON, SCOTT 12 NAME 13 STREET ADDRESS 5400 N. OCEAN BLVD. #7 FT. LAUDERDALE FL 14 CITY-ST-ZIP FT. LAUDERDALE FL 14 CITY-ST-ZIP FT. LAUDERDALE FL | |
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| COOTT OUID | .(IO/I |
| TARREST MAN PLANT AND MAN | |
| ET AMPEDDALE EL | |
| CITY-ST-ZIP | tion |
| NAME AHROLD, ROBERT 32 NAME | |
| STREET ADDRESS 5400 N OCEAN BLVD #45 33 STREET ADDRESS | |
| CITY-ST-ZIP FORT LAUDERDALE, FL00000 34. CITY-ST-ZIP | |
| | tion |
| NAME MELLGREN, LARRY STREET ADDRESS 5400 N. OCEAN BLVD. #32 LIDELETE 41 TITLE FROST DEDIT XI Change LIANG 42 NAME LARRY MELLGREN LARRY 43 STREET ADDRESS | |
| STREET ADDRESS 5400 N. OCEAN BLVD. #32 43 STREET ADDRESS | |
| CITY-ST-ZIP FT. LAUDERDALE FL 44 CITY-ST-ZIP | |
| TIFLE $igcup \mathcal{V}$ DELETE SITIFLE $igvee \mathcal{V}$ Change \Box Adv | tion |
| NAME DENNIS BAKER 52 NAME DENNIS BAKER 53 NAME DENNIS BAKER 5400 N OCEAN BLVD VII A #42 | |
| STREET ADDRESS 34 STREET ADDRESS 1 | |
| CITY-ST-ZIP FT. LAUDERDALE FL 54 City-St-ZiP | |
| TIFLE \$\frac{\\$\frac{\}}{\}\] Change \(\alpha\) Adv | tion |
| NAME BIAGI, VICKI 62 NAME | |
| STREET ADDRESS 5400 N. OCEAN BLVD. VILLA #20 63 STREET ADDRESS | |
| CITY-ST-ZIP FT LAUDERDALE FL 64 CITY-ST-ZIP | |
| 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)(k), Florida Statutes. I furth 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 u 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 nar appears in Block 12 or Block 13 if changed, or on an attachment with an address. | der |

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96 305-943-0495 Dayrine Proce # CR2E037 (12/