## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Suite, Apt #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706759

(8)

Suite, Apt. #, etc.

City & State

SEA RANCH VILLAS ASSOCIATION, INC.

FILED
May 15 1997 8:00am
Secretary of State



5. Certificate of Status Desired

6. Election Campaign Financing

Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coul	ntry		<ol> <li>This corporation has liability for intangible tax under s. 199.032,</li> </ol>
24	25	29	30			Florida Statutes Yes No
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
BIAGI, VICKI #20					Name	
BIAGI / VICKI #20				82	Street /	SINGER DOTTLE #30 Address (P.O. Box Number is Not Acceptable)
5400 NORTH OCEAN BLVD						
				83		5400 NORTH OCEAN BLVD
FT. LAUDERDALE FL 33308				84	City	- 85 Zip Code
				~ `\		FL lange
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 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 617.0503, Florida Statutes.						
SIGNATURE Delle Jungi						
Signature typed or printed name of registered agent and it is applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AND		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D FIGURETO CARV	DELETE				D Change Addition
NAME	ELZWEIG , GARY	L 4 m'-	1.2 NA			PORGES, BOB
STREET ADDRESS	5400 NORTH OCEAN BLVD, #	48	1.3 ST	REEY A	Didress	15400 NORTH OCEAN BLVD., #38
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 00		- ZIP	Ft Laudordalo FI 22200
TITLE	D	DELETE	2.1 TIT	LE		D Change Addition
NAME	SCOTT , SKIP	•	2.2 NA	ME		\
STREET ADDRESS	5400 N OCEAN BLVD #44		2.3 ST	REET /	NDDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		2. 4 CI		- ZIP	5400 NORTH Ocean Blvd., #20
TITLE	D	DELETE	3.1 717	LE		Change Addition
NAME (	AHROLD, ROBERT		3.2 NA	ME		
STREET ADDRESS	5400 N OCEAN BLVD #45		3.3 ST	AEET /	ODRESS.	
CITY-ST-ZIP	FORT LAUDERDALE, FL00000		3.4. CI		-ZIP	
TITLE	Р	☐ DELETE	4.1 TH	LE		Change L. Addition
NAME	MELLGREN, LARRY		4. 2 N	ME		
STREET ADDRESS	5400 N. OCEAN BLVD. #32		4.3 ST	REET A	DORESS	
DITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CF	ry-st	- ZiP	
TITLE	VP	☐ DELETE	5.1 TH	LE		Change Addition
NAME	BAKER, DENNIS		5.2 NA	ME		
STREET ADDRESS	5400 N. OCEAN BLVD. VILLA 1	F42	5.3 ST	REET /	LDDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CI	ry - St	- ZIP	
TITLE	ST	DELETE	6.1 TIT	LE		ST/D Change Addition
NAME	BIAGI, VICKI	₩	6.2 NA	ME		<i>'</i>
STREET ADDRESS	5400 Ñ. OCEAN BLVD. VILLA	#20	6.3 ST	REET /		Singer, Dottie
CITY-ST-ZIP	FT LAUDERDALE FL		6.4 CIT			5400 North Ocean Blvd., #39
14. I do hereb	by certify that the information supplied	with this filing does not qui	alify for the	exen	nption s	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						