

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90049 015 ****61.25

DOCUMENT # 706759

1. Corporation Name

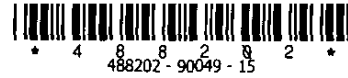
SEA RANCH VILLAS ASSOCIATION, INC.

Principal Place of Business

5400 N OCEAN BLVD
FT LAUDERDALE FL 33308

Mailing Address

5400 N OCEAN BLVD
FT LAUDERDALE FL 33308



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 P. O. Box 7503

Suite, Apt. #, etc.

27 City & State

28 Fort Lauderdale, FL

Zip

Country

29 33338

30 USA

3. Date Incorporated or Qualified

01/28/1964

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

9. Name and Address of Current Registered Agent

MELTGREN, MICHELE
5400 N OCEAN BLVD SUITE 32
#39
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME PORGES, BOB
STREET ADDRESS 5400 NORTH OCEAN BLVD., #38
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☐ DELETE

NAME JOSEPH, JACKIE
STREET ADDRESS 5400 N OCEAN BLVD SUITE 57
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☒ DELETE

NAME AHROLD, ROBERT
STREET ADDRESS 5400 N OCEAN BLVD #45
CITY-ST-ZIP FORT LAUDERDALE, FL00000

TITLE P ☐ DELETE

NAME MELTGREN, LARRY
STREET ADDRESS 5400 N. OCEAN BLVD. #32
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VP ☐ DELETE

NAME BAKER, DENNIS
STREET ADDRESS 5400 N. OCEAN BLVD. VILLA #42
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☐ DELETE

NAME CORREIA, REGINA
STREET ADDRESS 5400 N OCEAN BLVD SUITE 37
CITY-ST-ZIP FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
Scott, Jack
5400 N. Ocean Blvd., #41
Fort Lauderdale, FL 33308

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Larry Melgren* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

Date

954-561-8565

Daytime Phone #

CR2E037 (11/98)

0036692