FILE NOW: FILING FEE IS $61.25

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

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

0036692

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
~~Katherine Harris~~
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706759

1. Corporation Name

SEA RANCH VILLAS ASSOCIATION, INC.

488202 - 90049 - 15

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

2. Principal Place of Business 21	2a. Mailing Address 26 P. O. Box 7503	3. Date Incorporated or Qualifed 01/28/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1086296 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Fort Lauderdale,Fl	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 33338 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MELLGREN, 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 _____ DATE
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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PORGES, BOB		1.2 NAME		
STREET ADDRESS	5400 NORTH OCEAN BLVD., #38		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOSEPH, JACKIE		2.2 NAME		
STREET ADDRESS	5400 N OCEAN BLVD SUITE 57		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	D	X ☐ DELETE	3.1 TITLE	D	☐ Change XX ☐ Addition
NAME	AHROLD, ROBERT		3.2 NAME	Scott, Jack	
STREET ADDRESS	5400 N OCEAN BLVD #45		3.3 STREET ADDRESS	5400 N. Ocean Blvd., #41	
CITY-ST-ZIP	FORT LAUDERDALE, FL00000		3.4. CITY-ST-ZIP	Fort Lauderdale, FL 33308	
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MELLGREN, LARRY		4. 2 NAME		
STREET ADDRESS	5400 N. OCEAN BLVD. #32		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, DENNIS		5.2 NAME		
STREET ADDRESS	5400 N. OCEAN BLVD. VILLA #42		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CORREIA, REGINA		6.2 NAME		
STREET ADDRESS	5400 N OCEAN BLVD SUITE 37		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		6.4 CITY-ST-ZIP		

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 Mellgren **REQUIRED** 4-26-99 954-561-8565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Larry Mellgren

CR2E037 (11/98)