

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 7:09

DOCUMENT # **710479 (7)**
T. Corporation Name
SEA MONARCH CONDOMINIUM, INC.

Principal Place of Business: **111 N POMPANO BEACH BLVD POMPANO BEACH FL 33062**
Mailing Address: **111 N POMPANO BEACH BLVD POMPANO BEACH FL 33062**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/08/1966** 3a. Date of Last Report: **01/25/1994**
4. FEI Number: **59-1308234** 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 (21) 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)
City & State (23) City & State (28)
Zip (24) Country (25) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**POLIAKOFF, GARY
3111 STIRLIN ROAD
FT. LAUDERDALE FL 33312-3525**

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 607.0502 and 607.1503, 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.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and 149.4 applicable) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	BLATT, WILLIAM S 111 N POMPANO BH BL 1912 POMPANO BCH FL	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT D	DAVID DAVIS
NAME:		1.2 NAME:	
STREET ADDRESS:		1.3 STREET ADDRESS:	111 N POMPANO BEACH BLVD #914
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	POMPANO BEACH, FL 33062
TITLE: VD	SCHEIN, AL 111 N POMPANO BH BL 1804 POMPANO BCH FL	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition VICE PRESIDENT D	DAVID SCARANTINO #1807
NAME:		2.2 NAME:	
STREET ADDRESS:		2.3 STREET ADDRESS:	111 N POMPANO BEACH BLVD
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE: SD	MATTHEWS, BETTE 111 N POMPANO BCH BL 1513 POMPANO BC	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY D	DAVID GOLDFARB #314
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	111 N POMPANO BEACH BLVD
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	POMPANO BEACH, FL 33062
TITLE: TD	BENSO, THOMAS 111 N POMPANO BH BL 602 POMPANO BCH FL	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition TREASURER D	NORMAN GOODMAN #1806
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	111 N POMPANO BEACH BLVD
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	POMPANO BEACH, FL 33062
TITLE: D	JAFFRE, GLORIA 111 N POMPANO BCH BL 1107 POMPANO BCH FL	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition GOVERNOR D	WILLIAM BLATT #1912
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	111 N POMPANO BCH BL
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	POMPANO BEACH, FL 33062
TITLE: D	AZZARELLO, NICHOLAS 111 N POMPANO BH BL 1814 POMPANO BCH FL	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition GOVERNOR D	GENE DIVITO PH03
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	111 N POMPANO BCH BL
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	POMPANO BEACH, FL 33062

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 110.07(3)(k), 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: *David W Davis* 3/8/95 305-781-0352

SIGNATURE AND TYPED OR PRINTED NAME OF BEGINNING OFFICER OR DIRECTOR Date Telephone No.