

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 710479 (7)**  
1. 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**

3. Date Incorporated or Qualified: **03/08/1966**  
3a. Date of Last Report: **03/29/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 30  
Suite, Apt. #, etc.  
City & State  
Zip Country

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  
85 Zip Code **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, DAVID	
STREET ADDRESS	111 N POMPANO BEACH BLVD., #914	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCARANTINO, DAVID	
STREET ADDRESS	111 N POMPANO BEACH BLVD., #1807	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOLDFARB, DAVID	
STREET ADDRESS	111 N POMPANO BEACH BLVD., #314	
CITY-ST-ZIP	POMPANO BC	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GOODMAN, NORMAN	
STREET ADDRESS	111 N POMPANO BEACH BLVD., #1806	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	GD	<input checked="" type="checkbox"/> DELETE
NAME	BLATT, WILLIAM	
STREET ADDRESS	111 N POMPANO BCH., BLVD., #1912	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	GD	<input checked="" type="checkbox"/> DELETE
NAME	DIVITO, GENE	
STREET ADDRESS	111 N POMPANO BCH., BLVD., #PH03	
CITY-ST-ZIP	POMPANO BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAM BLATT	
1.3 STREET ADDRESS	111 N POMPANO BEACH BLVD #1912	
1.4 CITY-ST-ZIP	POMPANO BEACH, FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CARL ZOELLER	
2.3 STREET ADDRESS	111 N POMP BCH BLVD #1609	
2.4 CITY-ST-ZIP	POMP. BCH FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	GD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOSEPH MEKETARIAN	
5.3 STREET ADDRESS	111 N POMPANO BCH BLVD #1411	
5.4 CITY-ST-ZIP	POMP. BCH FL	
6.1 TITLE	GD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CARYL WESTERHEIDE	
6.3 STREET ADDRESS	111 N POMP BCH BLVD #601	
6.4 CITY-ST-ZIP	POMP BCH, FL	

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 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: **WILLIAM S. BLATT** *[Signature]* **1/16/96** **954-781-0350**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)