

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33062-5718
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3. Date Incorporated or Qualified 03/08/1966	3a. Date of Last Report 01/29/1996
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country	4. FEI Number 59-1308234	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>					\$8.75 Additional Fee Required						
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					\$5.00 May Be Added to Fees						
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No											

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 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT (D)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WILLIAM BLATT		1.2 NAME	JOHN CERASANI			
STREET ADDRESS	111 N. POMPANO BEACH BLVD., #1912		1.3 STREET ADDRESS	111 N. POMPANO BEACH BLVD. #1511			
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT (D)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CARL ZOELLER		2.2 NAME	NICK CAPORELLA			
STREET ADDRESS	111 N. POMPANO BEACH BLVD., #1609		2.3 STREET ADDRESS	111 N. POMPANO BEACH BLVD. #1204			
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062			
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY (D)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GOLDFARB, DAVID		3.2 NAME	DAVE GOLDFARB			
STREET ADDRESS	111 N POMPANO BEACH BLVD., #314		3.3 STREET ADDRESS	111 N. POMPANO BEACH BLVD., #314			
CITY-ST-ZIP	POMPANO BC		3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TREASURER (D)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GOODMAN, NORMAN		4.2 NAME	GEORGINA KERR-JARRETT			
STREET ADDRESS	111 N POMPANO BEACH BLVD., #1806		4.3 STREET ADDRESS	111 N. POMPANO BEACH BLVD., #1907			
CITY-ST-ZIP	POMPANO BCH FL		4.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062			
TITLE	GD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	GOVERNOR (D)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOSEPH MEKETARIAN		5.2 NAME	BARBARA MARX			
STREET ADDRESS	111 N. POMPANO BEACH BLVD., #1411		5.3 STREET ADDRESS	111 N. POMPANO BEACH BLVD., #702			
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062			
TITLE	GD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	GOVERNOR (D)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CARYL WESTERHEIDE		6.2 NAME	RICHARD MANNING			
STREET ADDRESS	111 N. POMPANO BEACH BLVD., #601		6.3 STREET ADDRESS	111 N. POMPANO BEACH BLVD., #1014			
CITY-ST-ZIP	POMPANO BEACH FL		6.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062			

14. I do 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.

SIGNATURE: *X John West* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # 0021841

CR2E037 (9/96)