

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 08, 1999 8:00 am**  
**Secretary of State**

02-08-1999 90047 047 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 710479**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/08/1966</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1308234</b>	
22		27		Applied For <input type="checkbox"/> Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>POLIAKOFF, GARY</b> <b>3111 STIRLIN ROAD</b> <b>FT. LAUDERDALE FL 33312-3525</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERASANI, JOHN	1.2 NAME	
STREET ADDRESS	111 N POMPANO BCH BLVD #1511	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIETRICH, FREDERICK	2.2 NAME	
STREET ADDRESS	111 N POMPANO BEACH BLVD PH13	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEIN, ROSE	3.2 NAME	
STREET ADDRESS	111 N POMPANO BEACH BLVD #1804	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33062	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTEN, WARD	4.2 NAME	
STREET ADDRESS	111 N POMPANO BEACH BLVD #1906	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33062	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARX, BARBARA	5.2 NAME	
STREET ADDRESS	111 N POMPANO BCH BLVD #702	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33062	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLATT, WILLIAM	6.2 NAME	
STREET ADDRESS	111 N POMPANO BEACH BLVD #1912	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33062	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)(l), 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: *[Signature]* **RED** **1-18-99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)