FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:16

DOCUMENT # 725816 (3)

1. Corporation Name
S.C. CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
4445 SOUTH ATLANTIC AVENUE PONCE INLET FL 32127	4445 SOUTH ATLANTIC AVENUE PONCE INLET FL 32127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1973
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-1564467 ☐ 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
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MCMILLAN, FRANK
4445 S. ATLANTIC AVE.
PONCE INLET FL 32127

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 607.1508, 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 607.0505, 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	SD	1.1 TITLE	SD ☒ Change ☐ Addition
NAME	HAWK, KATHRYN	1.2 NAME	RAYMOND, NANCY
STREET ADDRESS	4445 S. ATLANTIC AVE	1.3 STREET ADDRESS	4435 S. ATLANTIC AVE
CITY-ST-ZIP	PONCE INLET FL	1.4 CITY-ST-ZIP	PONCE INLET, FL. 32127
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	O'DONNELL, JOHN	2.2 NAME	
STREET ADDRESS	4445 S. ATLANTIC AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	WHITFIELD, WILLIAM	3.2 NAME	BUCKINGHAM, ADELAIDE
STREET ADDRESS	4435 S. ATLANTIC AVE.	3.3 STREET ADDRESS	4435 S. ATLANTIC AVE
CITY-ST-ZIP	PONCE INLET FL	3.4 CITY-ST-ZIP	PONCE INLET, FL. 32127
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	LOWRY, SAM	4.2 NAME	
STREET ADDRESS	4435 S. ATLANTIC AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	LEGG, ALBERT	5.2 NAME	
STREET ADDRESS	4445 SO ATLANTIC AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MURPHY, KATHRYN	6.2 NAME	
STREET ADDRESS	4435 S. ATLANTIC AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL	6.4 CITY-ST-ZIP	

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.

904

SIGNATURE: S.G. Lowry S. G. Lowry Tues. 02-05-95 761-1072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000302