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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

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

DOCUMENT # **725816** **(3)**

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

| Principal Place of Business | Mailing Address |
|---|---|
| 4445 SOUTH ATLANTIC AVENUE<br>PONCE INLET FL 32127 | 4445 SOUTH ATLANTIC AVENUE<br>PONCE INLET FL 32127 |

3. Date Incorporated or Qualified: 03/14/1973

4. FEI Number: 59-1564467 ☐ Applied For ☐ Not Applicable

| | |
|---|---|
| 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) |

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

**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 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BRIDEWELL, PATRICIA<br>4435 S. ATLANTIC AVE<br>PONCE INLET FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | (S) (S) D<br>BRIDEWELL, PATRICIA<br>4435 S. ATLANTIC AVE.<br>PONCE, INLET, FL. 32127 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MURPHY, KATHRYN<br>4435 S. ATLANTIC AVE<br>PONCE INLET FL | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | (P) (P) D<br>LEGG, ALBERT<br>4445 S. ATLANTIC AVE<br>PONCE INLET, FL. 32127 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BUCKINGHAM, ADELAIDE<br>4435 S. ATLANTIC AVE.<br>PONCE INLET FL | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | (D) (D)<br>JAMESON, HOWARD<br>4445 S. ATLANTIC AVE.<br>PONCE, INLET, FL. 32127 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>LOWRY, SAM<br>4435 S. ATLANTIC AVE.<br>PONCE INLET FL | ☒ DELETE | 4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | (T) D-TREAS<br>BRIDEWELL, CLYDE<br>4435 S. ATLANTIC AVE.<br>PONCE, INLET, FL. 32127 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>LEGG, ALBERT<br>4445 SO ATLANTIC AVE<br>PONCE INLET FL | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | (V) (V) D<br>MARKETTE, FRANCIS<br>4445 S. ATLANTIC AVE.<br>PONCE INLET, FL. 32127 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BUCKINGHAM, ADELAIDE<br>4435 S. ATLANTIC AVE<br>PONCE INLET FL | ☒ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/97)

14. I 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:** Albert D. Legg (illegible) 2/5/98 904-761-1072