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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # 725816

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

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):

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

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

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: SAM G. LOWRY
82 Street Address (P.O. Box Number is Not Acceptable): 4435 S. ATLANTIC AVE. # 713
83: P
84 City: PONCE INLET, FL 85 Zip Code: 32127

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: SAM G. LOWRY 4/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRIDEWELL, PATRICIA 4435 S. ATLANTIC AVE PONCE INLET FL 32127	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SD HAWK, KATHRYN 4445 S. ATLANTIC AVE. PONCE INLET, FL. 32127 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMESON, HOWARD 4435 S. ATLANTIC AVE PONCE INLET FL 32127	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D JAMESON, HOWARD 4445 S. ATLANTIC AVE PONCE INLET, FL. 32127 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BRIDEWELL, CLYDE 4435 S. ATLANTIC AVE. PONCE INLET FL 32127	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DT LOWRY, SAM 4435 S. ATLANTIC PONCE INLET, FL. 32127 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MARKETTE, FRANCIS 4435 S. ATLANTIC AVE. PONCE INLET FL 32127	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VPD MARKETTE, FRANCIS 4445 S. ATLANTIC AVE PONCE INLET, FL. 32127 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEGG, ALBERT 4445 SO ATLANTIC AVE PONCE INLET FL 32127	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	PD Legg, ALBERT 4445 S. ATLANTIC AVE. PONCE INLET, FL. 32127 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D NEVIN JONES 4435 S. ATLANTIC AVE. PONCE INLET, FL. 32127 ☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED ALBERT Legg, Pres. 4/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #