2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90110 024 ****61.25

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DOCUMENT # 725816

1. Entity 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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

MARKETTE, FRAN
4445 S ATLANTIC AVE #706
PONCE INLET FL 32127

7. Name and Address of New Registered Agent

Name Steve Birge
Street Address (P.O. Box Number is Not Acceptable)
2026 Hidden Pine Lane
City Apopka FL Zip Code 32712

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE X _____ Stephen R Birge 4/21/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HAWK, KATHRYN 4435 S. ATLANTIC AVE PONCE INLET FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Lloyd White 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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP Barry Smith 4435 S. Atlantic Ave Ponce Inlet FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LOWRY, SAM 4435 S. ATLANTIC AVE. PONCE INLET FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Suzey Hagey ~~4445~~ S. Atlantic Ave 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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BIRGE, STEVE 4435 S ATLANTIC AVE PONCE INLET FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Steve Birge 4435 S Atlantic Ave Ponce Inlet FL 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, NEVIN 4445 SO ATLANTIC AVE PONCE INLET FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 4-21-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #