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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State
02-01-2002 90049 010 ****61.25

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
~~Sandcastle Condominium~~	~~4445 S Atlantic Ave~~
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ~~Ponce Inlet~~	City & State:
Zip: ~~32127~~ Country: ~~USA~~	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	7. Name and Address of New Registered Agent
LLOYD WHITE PRESIDENT ~~BIRGE, STEVE~~ ~~2026 HIDDEN PINE LANE~~ ~~APOPKA FL 32712~~ ~~LLOYD E. WHITE~~ ~~306~~ ~~4445 S ATLANTIC AVE~~ ~~Ponce Inlet, Fla 32127~~ 4445 S. Atlantic Ave Ponce Inlet Fl 32127	Name: LLOYD E. WHITE Street Address (P.O. Box Number is Not Acceptable) 4445 S. Atlantic Ave # 306 City: PONCE Inlet FL Zip Code: 32127

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: Lloyd E. White 1-16-02

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	DT WHITE, LLOYD 4445 S ATLANTIC AVENUE PONCE INLET FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LOUISE ~~CALLAHAN~~ (LAUTHAIN) 4435 S. Atlantic Ave #416 Ponce Inlet, Fl 32127 DS	☐ 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 Mary S. White ~~4435~~ S. Atlantic Ave #306 Ponce Inlet, Fla 32127	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SMITH, BARRY 4435 S. ATLANTIC AVE. PONCE INLET FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT George Babcock 4435 S. Atlantic Ave # 415 Ponce Inlet Fla 32127	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HAGEY, SUZEY 4445 S ATLANTIC AVE PONCE INLET FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACK Geoghegan 4435 S. Atlantic Ave #712 Ponce Inlet, Fl. 32127	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BIRGE, STEVE 4435 S ATLANTIC AVE PONCE INLET FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP Ed Van Aiken 4435 S. Atlantic Ave # 214 Ponce Inlet, Fl 32127	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Sam Morrow~~ ~~4445 S Atlantic Ave #803~~ ~~Ponce Inlet, Fl 32127~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sam Morrow 4445 S. Atlantic Ave #803 Ponce Inlet, Fl 32127	☐ Change ☑ Addition

CR2E037 (9/01)

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: ~~Lloyd E. White~~ ~~CERTIFIED~~ Lloyd E. White 1-16-02 386-322-3699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #