2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007
Secretary of State

DOCUMENT# 725816

Entity Name: S.C. CONDOMINIUM, INC.

Current Principal Place of Business:

4445 SOUTH ATLANTIC AVENUE
#104
PONCE INLET, FL 32127

New Principal Place of Business:

Current Mailing Address:

4445 SOUTH ATLANTIC AVENUE
#104
PONCE INLET, FL 32127

New Mailing Address:

FEI Number: 59-1564467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OPELT, MARTHA C
4445 S ATLANTIC AVE
#104
PONCE INLET, FL 32127 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PRES	( ) Delete
Name:	HOLLINGSWORTH, ALAN G	
Address:	1006 JAMSIE COVE DRIVE	
City-St-Zip:	CHARLESTON, SC 29412	
Title:	VP	( ) Delete
Name:	LAWRENCE, CHARLES	
Address:	4445 S. ATLANTIC AVE #503	
City-St-Zip:	PONCE INLET, FL 32127	
Title:	SEC	( ) Delete
Name:	BRIDEWELL, PATRICIA	
Address:	4435 S. ATLANTIC AVE. #512	
City-St-Zip:	PONCE INLET, FL 32127	
Title:	TRES	( ) Delete
Name:	ONDICK, ANNA	
Address:	989 GREENTREE DR	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	AL	( ) Delete
Name:	BEAVER, MERRITT	
Address:	135 COLTON CREST DRIVE	
City-St-Zip:	ALPHARETTA, GA 30005	
Title:	AL	(X) Delete
Name:	CARLTON, FRAN	
Address:	1250 HENRY BALCH DRIVE	
City-St-Zip:	ORLANDO, FL 32810	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	HAGEY, SUZIE DR	
Address:	4445 S. ATLANTIC AVE #103	
City-St-Zip:	PONCE INLET, FL 32127	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	AL	(X) Change ( ) Addition
Name:	CARLTON, FRAN	
Address:	1250 HENRY BALCH DRIVE	
City-St-Zip:	ORLANDO, FL 32810	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA C OPELT CAM 01/31/2007

Electronic Signature of Signing Officer or Director — Date