

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90057 026 \*\*\*\*61.25

**DOCUMENT # 725816**

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



Principal Place of Business  
**4445 SOUTH ATLANTIC AVENUE  
PONCE INLET FL 32127**

Mailing Address  
**4445 SOUTH ATLANTIC AVENUE  
PONCE INLET FL 32127**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1564467**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WHITE, LLOYD E  
4445 S ATLANTIC AVE #306  
PONCE INLET FL 32127**

Name **Van Akin, Edward H.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1615 Antigua Drive**  
**Orlando FL**  
City **FL** Zip Code **32806**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Edward H Van Akin**

**4 Feb 03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                                    |                                            |
|------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DT<br/>WHITE, LLOYD<br/>4445 S ATLANTIC AVENUE<br/>PONCE INLET FL 32127</b>     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS<br/>LAUTHAN, LOUIS<br/>4435 S ATLANTIC AVE #416<br/>PONCE INLET FL 32127</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DVR<br/>WHITE, MARY S<br/>4435 S ATLANTIC AVE #306<br/>PONCE INLET FL 32127</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS<br/>BARCOCK, GEORGE<br/>4435 S ATLANTIC AVE 415<br/>PONCE INLET FL 32127</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>GEOGHEGAN, JACK<br/>4435 S ATLANTIC AVE 214<br/>PONCE INLET FL 32127</b>  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DVR<br/>MORROW, SAM<br/>4435 S ATLANTIC AVE 803<br/>DAYTONA BEACH FL 32127</b>  | <input checked="" type="checkbox"/> Delete |

|                                                |                                                                             |                                                                                         |                       |
|------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Mr. Edward Van Akin<br/>1615 Antigua Drive<br/>Orlando FL 32806</b>      | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | <b>President</b>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Mr. Euan Markette<br/>4445 S. Atlantic Ave<br/>Ponce Inlet, FL 32127</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            | <b>Vice President</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Suzy Haggy<br/>4445 S. Atlantic Ave<br/>Ponce Inlet, FL 32127</b>        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            | <b>Sec.</b>           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DT<br/>George Barcock<br/>324 Oak Estates Dr.<br/>Orlando FL 32806</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            | <b>Treas.</b>         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>Geoghan, Jack<br/>P.O. Box 146<br/>Marble Hill, GA 30148</b>       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |                       |

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:

**Edward H Van Akin**

**28 Jan 2003 (407) 894-8266**

CR2E037 (10/02)