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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733080 (6)
1. Corporation Name
SPACE COAST CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 320495 COCOA BEACH FL 32932-0495	Mailing Address P.O. BOX 320495 COCOA BEACH FL 32932-0495
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3. Date Incorporated or Qualified 06/17/1975	4. FEI Number 59-2936127	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 PO BOX 320495 Suite, Apt. #, etc.	2a. Mailing Address 28 SAME Suite, Apt. #, etc.
22 City & State 23 COCOA BEACH FL	27 City & State 28
24 Zip 32931	25 Country U.S.A.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRY, CHARLES
1890 NO ATLANTIC AVE. STE A305
COCOA BEACH FL 32931

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 *Harry Charles Jones*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/27/98
DATE

12. OFFICERS AND DIRECTORS		
TITLE	PO	<input type="checkbox"/> DELETE
NAME	HARRY, CHARLES	
STREET ADDRESS	1890 NO ATLANTIC AVE. STE A305	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, MARYWIL	
STREET ADDRESS	3-D CAPE SHORES DR NO	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLABEN, MARTIN	
STREET ADDRESS	3100 HIGHWAY A1A	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHOLTZ, RICHARD	
STREET ADDRESS	225 BUCCANEER AVE. STE 206	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PRINCE, RALPH	
STREET ADDRESS	555 FILLMORE AVE.	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STACHEL, JOYCE	
STREET ADDRESS	555 FILLMORE AVE.	
CITY-ST-ZIP	CAPE CANAVERAL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	S D MILLER MARYWIL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	3-D CAPE SHORES DR N	
2.3 STREET ADDRESS	CAPE CANAVERAL FL	
2.4 CITY-ST-ZIP		
3.1 TITLE	T D EDWARD W. DOCKRAY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	320 YOUNG AVE #301	
3.3 STREET ADDRESS	COCOA BEACH FL 32931	
3.4 CITY-ST-ZIP		
4.1 TITLE	D PHILIP CULBERTSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	3165 N. ATLANTIC AVE	
4.3 STREET ADDRESS	COCOA BEACH FL 32931	
4.4 CITY-ST-ZIP		
5.1 TITLE	D. GARY RITTER ERSTEIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	243 SAMACIA DRIVE	
5.3 STREET ADDRESS	COCOA BEACH FL 32931	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

HARRY CHARLES JONES

3/5/98

CR2E037 (10/97)