

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 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 # 736561 (2)

1. Corporation Name
INTERSEA FOUNDATION, INC.



Principal Place of Business #3 LAZY OAKS CARMEL VALLEY CA 93924	Mailing Address P.O. BOX 917 CARMEL VALLEY CA 93924 US
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3. Date Incorporated or Qualified
08/10/1976

4. FEI Number
59-1684622

Applied For	
Not Applicable	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 1106
22 City & State	27 Suite, Apt. #, etc.
23 City & State Carmel Valley, CA	28 City & State Carmel Valley, CA
24 Zip 93924	29 Zip 93924
25 Country	30 Country U.S.A.

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'VINCENT, CYNTHIA GAY	1.2 NAME	D'VINCENT, CYNTHIA GAY
STREET ADDRESS	#3 DE LOS HELECHOS	1.3 STREET ADDRESS	3 LAZY OAKS
CITY-ST-ZIP	CARMEL VALLEY CA 93924	1.4 CITY-ST-ZIP	Carmel Valley, CA 93924
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDMAN, GEORGE	2.2 NAME	SIDMAN, GEORGE
STREET ADDRESS	24330 SAN PEDRO LN	2.3 STREET ADDRESS	24330 San Pedro Ln.
CITY-ST-ZIP	CARMEL CA 93921	2.4 CITY-ST-ZIP	Carmel, CA 93921
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADDOCK, ELDRIDGE G	3.2 NAME	Hanna, RICHARD E.
STREET ADDRESS	910 W. CARMEL VALLEY ROAD	3.3 STREET ADDRESS	P.O. Box 340
CITY-ST-ZIP	CARMEL VALLEY CA 93924	3.4 CITY-ST-ZIP	Lawai, Kauai, HI 96765 NA
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, SAMUEL T	4.2 NAME	WILSON, SAMUEL T
STREET ADDRESS	13 BROOKSIDE COURT	4.3 STREET ADDRESS	13 BROOKSIDE COURT
CITY-ST-ZIP	SAN ANSELMO CA 34960	4.4 CITY-ST-ZIP	SAN ANSELMO, CA 93960
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVARD, CHRISTOPHER	5.2 NAME	
STREET ADDRESS	11 LOGAN PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROWAYTON CT	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ (408) 659-5807

CR2E037 (10/97)