FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

300001782823
-04/16/96--01126--038
***61.25

DOCUMENT # **741183** **(8)**

1. Corporation Name

SEA PALMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3200 N. A1A FT. PIERCE FL 34949	3200 N. A1A FT. PIERCE FL 34949

3. Date Incorporated or Qualified: **12/22/1977**
3a. Date of Last Report: **02/07/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-1870269** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TAGGART, JOHN
3200 N. A1A #605
FT.PIERCE FL 34949

10. Name and Address of New Registered Agent

81 Name: Edmund Flynn
82 Street Address (P.O. Box Number is Not Acceptable): 3200 N. A1A
83: #604
84 City: Ft. Pierce FL 85 Zip Code: 34949

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: Edmund A. Flynn — 4/12/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE ✓	1.1 TITLE ✓	President	☒ Change ☐ Addition
NAME	TAGGART, JOHN		1.2 NAME	Flynn, Edmund	
STREET ADDRESS	3200 N. A1A #605		1.3 STREET ADDRESS	3200 N. A1A #604	
CITY-ST-ZIP	FT. PIERCE FL 34949		1.4 CITY-ST-ZIP	Ft. Pierce, FL. 34949	
TITLE	V	☐ DELETE	2.1 TITLE ✓	V. President	☒ Change ☐ Addition
NAME	TAGGART, JOHN		2.2 NAME	Taggart, John	
STREET ADDRESS	3200 N. A1A #605		2.3 STREET ADDRESS	3200 N. A1A #605	
CITY-ST-ZIP	FT. PIERCE FL 34949		2.4 CITY-ST-ZIP	Ft. Pierce, FL 34949	
TITLE	D	☐ DELETE ✓	3.1 TITLE ✓	Secretary	☐ Change ☒ Addition
NAME	REEDER, JOHN		3.2 NAME	Jim Morrissey	
STREET ADDRESS	3200 N. A1A #907		3.3 STREET ADDRESS	3200 N. A1A #707	
CITY-ST-ZIP	FT. PIERCE FL 34949		3.4 CITY-ST-ZIP	Ft. Pierce, FL 34949	
TITLE	P	☐ DELETE ✓	4.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	FLYNN, EDMUND		4.2 NAME	Bill Moore	
STREET ADDRESS	3200 N. A1A #604		4.3 STREET ADDRESS	3200 N. A1A #102	
CITY-ST-ZIP	FT. PIERCE FL 34949		4.4 CITY-ST-ZIP	Ft. Pierce, FL. 34949	
TITLE	D	☒ DELETE ✓	5.1 TITLE ✓	Director	☐ Change ☒ Addition
NAME	PROBERT, ROBERT		5.2 NAME	John Sincerbeaux	
STREET ADDRESS	3200 N A1A #610		5.3 STREET ADDRESS	3200 N. A1A #209	
CITY-ST-ZIP	FT PIERCE FL		5.4 CITY-ST-ZIP	Ft. Pierce, FL. 34949	
TITLE	S	☒ DELETE	6.1 TITLE ✓	Director	☐ Change ☐ Addition
NAME	FEINDT, MARY	✓	6.2 NAME	John Reeder	JR 4.16
STREET ADDRESS	3200 N A1A 205		6.3 STREET ADDRESS	3200 N. A1A #907	
CITY-ST-ZIP	FT PIERCE, FL 00000		6.4 CITY-ST-ZIP	Ft. Pierce FL 34949	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Edmund Flynn 3/5/96 (407) 464-1014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #