


FILE NOW: FILING FEE IS \$61.25

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90002 031 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 741183					
1. Corporation Name SEA PALMS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3200 N. A1A FT. PIERCE FL 34949			Mailing Address 3200 N. A1A FT. PIERCE FL 34949		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/22/1977 4. FEI Number 59-1870269 Applied For Not Applicable 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	
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9. Name and Address of Current Registered Agent GEORGE HOFFER 3200 N A1A #607 FT. PIERCE FL 34949				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			
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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

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	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TAGGART, JOHN			1.2 NAME	Moore, William		
STREET ADDRESS	3200 N. A1A #604			1.3 STREET ADDRESS	3200 N A1A # 102		
CITY-ST-ZIP	FT. PIERCE FL 34949			1.4 CITY-ST-ZIP	FT. Pierce, FL. 34949		
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CAROL CLEMENTS			2.2 NAME	Doran, John		
STREET ADDRESS	3200 N A1A #1205			2.3 STREET ADDRESS	3200 N A1A # 903		
CITY-ST-ZIP	FT. PIERCE FL 34949			2.4 CITY-ST-ZIP	FT. Pierce, FL. 34949		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NINA PETERSON			3.2 NAME			
STREET ADDRESS	3200 N A1A #106			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. PIERCE FL 34949			3.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SINCERBEAUX, JOHN			4.2 NAME			
STREET ADDRESS	3200 N A1A #209			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE FL 34949			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORRISSEY, JIM			5.2 NAME			
STREET ADDRESS	3200 N A1A 707			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE FL 34949			5.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOFFER, GEORGE			6.2 NAME			
STREET ADDRESS	3200 N A1A #607			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE FL 34949			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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.7.99 (561) 465-4666

CR2E037 (11/98)