

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 752323 (6)

1. Corporation Name

SEA VILLA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **1425 A1A SATELLITE BEACH FL 32937**
Mailing Address: **1425 A1A SATELLITE BEACH FL 32937**

3. Date Incorporated or Qualified: **05/05/1980**
3a. Date of Last Report: **02/01/1995**
4. FEI Number: **59-2058426**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**SMITH, RICHARD A.
1425 A1A HIGHWAY
SATELLITE BEACH FL 32937**

10. Name and Address of New Registered Agent
81 Name: **Gustafson, Rebecca B.**
82 Street Address (P.O. Box Number is Not Acceptable): **1425 A1A Highway unit #11**
83
84 City: **Satellite Beach** FL 85 Zip Code: **32937**

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: *Rebecca B. Gustafson* 2-1-96
Signature typed in block 12 or 13. Registered Agent signature required when constituting.

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	SMITH, RICHARD A	
STREET ADDRESS	1425 A1A #23	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	STEVENS, RONALD	
STREET ADDRESS	309 SHERWOOD AVENUE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BETTY, MARY	
STREET ADDRESS	1425 A1A HIGHWAY #7	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WIPPLINGER, CHARLES	
STREET ADDRESS	1425 A1A HIGHWAY UNIT 9	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CALZOLANO, JACKIE	
STREET ADDRESS	1425 A1A HIGHWAY UNIT 2	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Adams, Richard	
13 STREET ADDRESS	1425 A1A #17	
14 CITY-ST-ZIP	Satellite Bch, FL 32937	
21 TITLE	V. Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Burns, Dennis	
23 STREET ADDRESS	1425 A1A #5	
24 CITY-ST-ZIP	Satellite Bch, FL 32937	
31 TITLE	Secy. + Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Gustafson, Rebecca B.	
33 STREET ADDRESS	1425 A1A unit 11	
34 CITY-ST-ZIP	Satellite Bch, FL 32937	
41 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Robbins, Charles	
43 STREET ADDRESS	1740 Basin St.	
44 CITY-ST-ZIP	Merritt Isl, FL 32953	
51 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Trombly, Betty	
53 STREET ADDRESS	1425 A1A #16	
54 CITY-ST-ZIP	Satellite Bch, FL 32937	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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, changed, or on an attachment with an address.

SIGNATURE: *Rebecca B. Gustafson* Secretary + Treasurer 2-1-96 407-724-0357
Signature typed in block 12 or 13. Registered Agent signature required when constituting.

CR2E037 (12/95)