

FILE NOW: FILING FEE IS \$61.25

FILED

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

3. Date Incorporated or Qualified
05/05/1980

4. FEI Number
59-2058426

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

**GUSTAFSON, REBECCA B
1425 A1A HIGHWAY UNIT 11
SATELLITE BEACH FL 32937**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	OMLER, DAVID	1.2 NAME	Gustafson, Rebecca B.
STREET ADDRESS	1425 A1A #23	1.3 STREET ADDRESS	1425 A1A Unit 11
CITY-ST-ZIP	SATELLITE BEACH FL	1.4 CITY-ST-ZIP	Satellite Bch, FL 32937
TITLE	VPD	2.1 TITLE	VPD
NAME	BURNS, DENNIS	2.2 NAME	Beatty, Frank
STREET ADDRESS	1425 A1A #5	2.3 STREET ADDRESS	1425 A1A Unit 7
CITY-ST-ZIP	SATELLITE BEACH FL	2.4 CITY-ST-ZIP	Satellite Beach, FL 32937
TITLE	T	3.1 TITLE	
NAME	GUSTAFSON, REBECCA B	3.2 NAME	
STREET ADDRESS	1425 A1A #11	3.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	ROBBINS, CHARLES	4.2 NAME	
STREET ADDRESS	1740 BASIN ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	BEATTY, FRANK	5.2 NAME	Burns, Dennis
STREET ADDRESS	1425 A1A #7	5.3 STREET ADDRESS	1425 A1A Unit 5
CITY-ST-ZIP	SATELLITE BEACH FL	5.4 CITY-ST-ZIP	Satellite Beach, FL 32937
TITLE	S	6.1 TITLE	
NAME	FISCHER, LYNN	6.2 NAME	
STREET ADDRESS	1425 A1A #3	6.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	6.4 CITY-ST-ZIP	

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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: *Rebecca B. Gustafson* **Rebecca B. Gustafson** 407-777-4611

CR2E037 (10/97)