

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90124 021 ****61.25

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DOCUMENT # 752323

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

3. Date Incorporated or Qualified

05/05/1980

4. FEI Number

59-2058426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **GUSTAFSON, REBECCA B**

STREET ADDRESS **1425 A1A #11**

CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☒ DELETE

NAME **VPD BEATTY, FRANK**

STREET ADDRESS **1425 A1A #7**

CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☒ DELETE

NAME **D ROBBINS, CHARLES**

STREET ADDRESS **1740 BASIN ST**

CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE ☒ DELETE

NAME **D BURNS, DENNIS**

STREET ADDRESS **1425 A1A #5**

CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☒ DELETE

NAME **S FISCHER, LYNN**

STREET ADDRESS **1425 A1A #3**

CITY-ST-ZIP **SATELLITE BEACH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **Treasurer**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **VPD Stokes, James**

2.3 STREET ADDRESS **1425 A1A unit #5**

2.4 CITY-ST-ZIP **Satellite Beach, FL 32937**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **President Bell, Shirley**

3.3 STREET ADDRESS **1425 A1A unit 14**

3.4 CITY-ST-ZIP **Satellite Beach, FL 32937**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **Secretary Beatty, Mary**

4.3 STREET ADDRESS **1425 A1A #7**

4.4 CITY-ST-ZIP **Satellite Beach, FL 32937**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **Director Tromley, Betty**

5.3 STREET ADDRESS **1425 A1A #16**

5.4 CITY-ST-ZIP **Satellite Beach, FL 32937**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: **Rebecca B. Gustafson** 3-8-99 407-639-7151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)