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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

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

2a. Mailing Address

3. Date incorporated or Qualified

05/05/1980

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

59-2058426

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

Zip Country

28

Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUSTAFSON, REBECCA B	
STREET ADDRESS	1425 A1A #11	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BEATTY, FRANK	
STREET ADDRESS	1425 A1A #7	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBBINS, CHARLES	
STREET ADDRESS	1740 BASIN ST	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, DENNIS	
STREET ADDRESS	1425 A1A #5	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FISCHER, LYNN	
STREET ADDRESS	1425 A1A #3	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stokes, James	
2.3 STREET ADDRESS	1425 A1A unit #5	
2.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
3.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bell, Shirley	
3.3 STREET ADDRESS	1425 A1A unit 14	
3.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Beatty, Mary	
4.3 STREET ADDRESS	1425 A1A #7	
4.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Tromley, Betty	
5.3 STREET ADDRESS	1425 A1A #16	
5.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* SIGNATURE REQUIRED: *Rebecca B. Gustafson* 407-639-7151
 3-8-99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)