FILE NOW: FILING FEE IS \$61.25 .

ANONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 75888

SEA CLUB OF INDIAN SHORES CONDOMINIUM ABSOLIATION . I NO.

FILED Feb 25 1998 8:00am Secretary of State

| Principal Place of Business | Mailing Address | | <u> </u> | |
|---|---|--|--|--|
| 19725 GULF BLY | ွ မြေ Parekh, Com | mons & Co. | 3. Date Incorporated or Qualified | |
| INDIAN SHORES, FL | Certified Public | Accountants | 6-24-81 | |
| 23766 | 2/UU East Day | Drive #107 | 4. FEI Number | Applied For |
| | Largo, Flor | ida 33771 | 59-2068757 | Not Applicable |
| 2. Principal Place of Business | 28. Mailing Address 26 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| City & State | City & State | | 7. Is this nonprofit corporation a homeowners association? | |
| Zip Count | try Zip | Country | Yes No 8. This corporation owes or has paid the current year intengible | |
| 24 25 | 29 | 30 | 1 | urrent year intangible Yes No |
| | ress of Current Registered Agent | 30 | 10. Name and Address of New Registered | |
| | | 81 Name | | |
| | | 82 Street Addre | ROLE NELSON pss (P.O. Box Number is Not Acceptable) | |
| | | 1972 | S GULF BLVD * | 10 |
| | | 83 | | |
| | | 84 City | | leel 7:5 O-ds |
| | | 84 City (N) 6 | in shores Fi | _ 85 Zip Code ラップ |
| 11. Pursuant to the provisions of Sec | ctions 617.0502 and 617.1508, Florida Sta | tutes, the above-named corpo | oration submits this statement for the purpose of | |
| 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 Carof | Telson Pro | ٧. | 7-1 | >-28 |
| Signature typed or printed name | | IOTE: Registered Agent signature require | | |
| TITLE PD | DEFICERS AND DIRECTORS DELETE | 13. | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTORS IN 12 ☐ Change ☐ Addition |
| l ' | ELSON . | 1.2 NAME | | La criange La Applifibili |
| STREET ADDRESS 19725 GUL | F BLVD #40 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP INDIAN SH | | | | |
| TITLE VD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME JAMES TE | LISKA | 22 NAME | | |
| STREET ADDRESS 19745 GUL | FBLVD #10 | 2 3 STREET ADDRESS | | |
| CITY-ST-ZIP INDIAN SH | ores fl 55785 | | | |
| TITLE SD | DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME ALIZABETY | | 3.2 NAME | | |
| STREET ADDRESS 19725 GUL | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP INDIAN S | | 3.4. City-St-ZIP | | |
| TITLE TO | DELETE | 4 1 TITLE | | Change Addition |
| | ONES | 4. 2 NAME | | |
| STREET ADDRESS 19725 GUL | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP INDIAN SH | 0 KGS FL 5775 | 4.4 CITY-ST-ZIP | | |
| TIFLE D | DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME SANDRO S | | 5.2 NAME | | 05.0198 |
| STREET ADDRESS 24 DUVAL DR CITY-ST-ZIP TORONTO, ONT, CAN WAL 2K1 | | 5.3 STREET ADDRESS | | 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 |
| TITLE | DELETE | 5 4 CITY - ST - ZIP | | D Change D 4 1200 |
| NAME | L Vitte | 6.1 TITLE | 2000024400 -02/25/98010170 | Change |
| STREET ADDRESS | | 6.2 NAME | -02/25/98010170 | 104 |
| CITY-ST-ZIP | | 6.3 STREET ADDRESS | ***81.25 | |
| | on supplied with this filing does not qualify | 6.4 CITY-ST-ZIP for the exemption stated in S | edtion 119.07(3)(i), Florida Statutes, I further co | artify that the information |

In 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-98

Daytime Phone #

CR2F037 (10/9