FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:20

DOCUMENT # 760667 (6)

1. Corporation Name
SEA HAVEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6100 AIA SOUTH ST AUGUSTINE FL 32084	6100 AIA SOUTH ST AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2215816 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

CLEMENTS, CHARLES P
2532 WRIGHTSON DR.
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name: SANDI WARD
82 Street Address (P.O. Box Number is Not Acceptable): C/O 6100 AIA SOUTH
83
84 City: St. AUGUSTINE FL 85 Zip Code: 32084

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Sandi Ward /SANDI WARD / PRESIDENT 3-21-95
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	1.1 TITLE	PRES. - D	☒ Change ☐ Addition
NAME	CLEMENTS, CHARLES	1.2 NAME	SANDI WARD	
STREET ADDRESS	2532 WRIGHTSON DR.	1.3 STREET ADDRESS	6100 AIA South	
CITY-ST-ZIP	JACKSONVILLE FL 32223	1.4 CITY-ST-ZIP	St. AUGUSTINE, FL 32084	
TITLE	TD	2.1 TITLE	TREAS. - D	☒ Change ☐ Addition
NAME	GEDDES, WILLIAM	2.2 NAME	STELLA BURNS	
STREET ADDRESS	6100 A1A SOUTH	2.3 STREET ADDRESS	6100 AIA South, UNIT 417	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	2.4 CITY-ST-ZIP	St. AUGUSTINE, FL 32084	
TITLE	SD	3.1 TITLE	SEC. - D	☒ Change ☐ Addition
NAME	RANDAZZO, LYNN	3.2 NAME	SANDRA GILLESPIE	
STREET ADDRESS	1925 N.W. 27TH ST.	3.3 STREET ADDRESS	3101 SW FOURTH	
CITY-ST-ZIP	GAINESVILLE FL 32605	3.4 CITY-ST-ZIP	GAINESVILLE, FL 32602	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: Stella M. Burns 2/23/95 904 826-0139
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
STELLA M. BURNS - TREASURER