FILED FILE NOW: FILING FEE IS \$61.25 May 05 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #** 760667 (6)SEA HAVEN CONDOMINIUM ASSOCIATION, INC. este a Mikaras Principal Place of Business Malling Address 6100 AIA SOUTH 6100 AIA SOUTH 3. Date Incorporated or Qualified ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084 <u>11/13/1981</u> 4. FEI Number Applied For 59-2215816 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Flection Campaign Financing \$5.00 May Be Γ 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a horpeowners association? 23 **√**Z/Yes • Zip Country Country 8. This corporation owes or has paid the current year intangible Yes ΠNo 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WARD, SANDI Street Address (P.O. Box Number is Not Acceptable) 6100 A1A SOUTH ST AUGUSTINE FL 32084 Zip Code 11. Pursuant to the provisions 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 1.1 TITLE Change NAME WARD, SANDI 1.2 NAME 6100 A1A S STREET ADDRESS 1.3 STREET ADDRESS ST AUGUSTINE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE NAME TENORE, JACOB 2.2 NAME **6832 ALPINE DRIVE** STREET ADDRESS 2.3 STREET ADDRESS ANNANDALE VA CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE K Change Addition SANTOS SAMEON) SYIB BUIDETTE ROAD SANTOS, SAMSON NAME 3.2 NAME **5418 BURDETTE ROAD** STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP **□** DELETE TITLE 4.1 TITLE MARON NAME 4. 2 NAME Beach Blud STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Jeckson ville Addition DELETE TITLE 5.1 TITLE NAME 52 NAME Dorothy Weinman 5.3 STREET ADDRESS STREET ADDRESS 4100 AIÁ 5 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

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:

STREET ADDRESS

CITY-ST-ZIP