


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 761566 (9)
1. Corporation Name
1616 - SEA COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: C/O ELLIOTT MANAGEMENT, 1105 12 ST, VERO BEACH FL 32960
Mailing Address: C/O ELLIOTT MANAGEMENT, 1105 12 ST, VERO BEACH FL 32960-3718

3. Date Incorporated or Qualified: 01/22/1982
3a. Date of Last Report: 04/23/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2579999	Not Applicable
Suite, Apt #, etc	Suite, Apt #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent
ELLIOTT, RICHARD
ELLIOTT MERRILL COMMUNITY MGMT
1105-12TH STREET
VERO BEACH FL 32960

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVISA, TULLIO	1.2 NAME	
STREET ADDRESS	1700 S. OCEAN DRIVE, S107	1.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	1.4 CITY - ST - ZIP	32963
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRILLO, ROBERT	2.2 NAME	
STREET ADDRESS	1700 S. OCEAN DRIVE, #N103	2.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	2.4 CITY - ST - ZIP	32963
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD1 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANSOM, DORIS	3.2 NAME	
STREET ADDRESS	1616 S OCEAN DRIVE, S307	3.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	3.4 CITY - ST - ZIP	32963
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	VB2 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARON, JOHN	4.2 NAME	
STREET ADDRESS	1616 S OCEAN DRIVE #S204	4.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BCH FL	4.4 CITY - ST - ZIP	32963
TITLE	DS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KONDYRA, JEAN	5.2 NAME	Sayre, Kathryn S.
STREET ADDRESS	1700 S OCEAN DRIVE N	5.3 STREET ADDRESS	1700 S. Ocean Dr., Unit N-204V
CITY - ST - ZIP	VERO BEACH FL	5.4 CITY - ST - ZIP	VERO BEACH, FL 32963
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 05-23-97
Daytime Phone #: 0020460

CR2E037 (9/96)