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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 761566

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/22/1982

4. FEI Number

59-2579999

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

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 KAREN MERRILL 82 Street Address (P.O. Box Number is Not Acceptable) 83 SAME 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

Karen Merrill

4-22-99

Signature, typed or printed name of registered agent; and title if applicable.

(NO 'E' Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD NAME LOVISA, TULLIO STREET ADDRESS 1700 S. OCEAN DRIVE, S107 CITY-ST-ZIP VERO BEACH FL

TITLE PD NAME GRILLO, ROBERT STREET ADDRESS 1700 S. OCEAN DRIVE, #N103 CITY-ST-ZIP VERO BEACH FL

TITLE VD NAME RANSOM, DORIS STREET ADDRESS 1616 S OCEAN DRIVE, S307 CITY-ST-ZIP VERO BEACH FL

TITLE TD NAME CAGNAZZI, VICTOR STREET ADDRESS 1616 S OCEAN DR, #5303 CITY-ST-ZIP VERO BCH FL 32963

TITLE SD NAME SAYRE, KATHRYN S STREET ADDRESS 1700 S. OCEAN DR., UNIT N-204V CITY-ST-ZIP VERO BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 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:

Robert Grillo

April 16-99 561-569-9853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)