

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 5: 55

DOCUMENT # 769548 (9)

1. Corporation Name

SEASIDE OF VILANO CONDOMINIUM ASSN., INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3385 COASTAL HWY. #7 ST. AUGUSTINE FL 32095-1775 3385 COASTAL HWY. #7 ST. AUGUSTINE FL 32095-1775

3. Date Incorporated or Qualified 07/25/1983 3a. Date of Last Report 05/01/1994

4. FBI Number 59-2337279 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUTZER, M D
3385 COASTAL HWY, #7
ST. AUGUSTINE FL 32095

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 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P D
NAME NALLER, BARBARA
STREET ADDRESS 3385 COASTAL HWY., #1
CITY-ST-ZIP ST. AUGUSTINE FL 32095

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

TITLE VP - D
NAME MCKERNAN, DOREEN
STREET ADDRESS 3385 COASTAL HWY., #28
CITY-ST-ZIP ST. AUGUSTINE FL 32095

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

TITLE TD
NAME KUTZER, M D
STREET ADDRESS 3385 COASTAL HWY. #7
CITY-ST-ZIP ST. AUGUSTINE FL 32095

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

TITLE S P
NAME WELCH, MAUREEN
STREET ADDRESS 3385 CONSSAN HWY 16
CITY-ST-ZIP ST AUGUSTINE FL 32095

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME DIANEEN HOOVER
4.3 STREET ADDRESS 3385 COASTAL HWY. #17
4.4 CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(b), 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:

M. D. KUTZER

M. D. KUTZER

5/20/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Noting there is)

1904/584-9951

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