FILE NOW: FILING FEE IS $61.25

FILED
Mar 24 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 # **769548** **(9)**

1. Corporation Name
SEASIDE OF VILANO CONDOMINIUM ASSN., INC.

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: 04/11/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2337279	☐ Applied For ☐ Not Applicable
21	26 c/o Edmonds, Maison Mgmnt.		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 216 North 20th St. #A	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28 JACKSONVILLE Bch. FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 32250 / Country 30 Duval	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Edmonds, Maison Mgmnt., Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 216 North 20th St., Suite A
83
84 City: Jacksonville Beach FL 85 Zip Code: 32250

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: Beverly Edmonds, Asst Mgr. Beverly Edmonds 3-10-97
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	☑ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	NAILLER, BARBARA		1.2 NAME	DOLLY WRIGHT	
STREET ADDRESS	3385 COASTAL HWY., #1		1.3 STREET ADDRESS	851 W. 6TH ST	
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE	VPD	☑ DELETE	2.1 TITLE	P	☐ Change ☑ Addition
NAME	MCKERNAN, DOREEN		2.2 NAME	HARVEY WOLF	
STREET ADDRESS	3385 COASTAL HWY., #26		2.3 STREET ADDRESS	3385 COASTAL HWY. #1	
CITY-ST-ZIP	ST. AUGUSTINE FL		2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE	TD	☑ DELETE	3.1 TITLE	D/P	☐ Change ☑ Addition
NAME	KUTZER, M D		3.2 NAME	JEWELL KUTZER	
STREET ADDRESS	3385 COASTAL HWY, #7		3.3 STREET ADDRESS	3385 COASTAL HWY. #7	
CITY-ST-ZIP	ST. AUGUSTINE FL		3.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	
TITLE	SD	☑ DELETE	4.1 TITLE	S/D	☑ Change ☐ Addition
NAME	PATCHELL, DIAUE		4.2 NAME	KAREN HOOVER	
STREET ADDRESS	3385 COASTAL HWY #22		4.3 STREET ADDRESS	3385 Coastal Hwy. #17	
CITY-ST-ZIP	ST AUGUSTINE FL		4.4 CITY-ST-ZIP	St. Augustine, FL 32095	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOOVER, KAREN		5.2 NAME		
STREET ADDRESS	3385 COASTAL HWY., #17		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE	S/D	☑ Change ☐ Addition
NAME	FARINHOLT, MYRA		6.2 NAME	FARINHOLT, MYRA	
STREET ADDRESS	3385 COASTAL HWY #23		6.3 STREET ADDRESS	3385 COASTAL Hwy #23	
CITY-ST-ZIP	ST AUGUSTINE FL		6.4 CITY-ST-ZIP	ST AUGUSTINE, FL 32095	

CR2E037 (9/96)

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] HARVEY WOLF 1/09/97 (904) 461-5556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0001624