FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:03

DOCUMENT # N01310 (4)

1. Corporation Name

SEA MIST VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O OCEAN PROPERTIES 4168 S ATLANTIC AVE NEW SMYRNA BCH FL 32169 US	C/O OCEAN PROPERTIES 4168 S ATLANTIC AVE NEW SMYRNA BCH FL 32169 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2445519 ☐ 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
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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

ROE, WILLIAM E
4168 S ATLANTIC AVE
2180 W. SR 434, SUITE 5000
NEW SMYRNA BCH FL 32169

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when maintaining)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	SVD ☐ Change ☐ Addition
NAME	SCHWARTZ, STANELY	12 NAME	
STREET ADDRESS	4249 SEA MIST DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	P/D ☐ Change ☐ Addition
NAME	BRITT, WILLIAM, SR. Pat Gilchrist	22 NAME	Pat Gilchrest
STREET ADDRESS	4338 SEA MIST DRIVE	23 STREET ADDRESS	4261 Sea Mist Drive
CITY-ST-ZIP	NEW SMYRNA BEACH FL	24 CITY-ST-ZIP	New Smyrna Beach FL
TITLE	PD	31 TITLE	TD ☐ Change ☐ Addition
NAME	RUCKERT, JOHN	32 NAME	
STREET ADDRESS	4340 SEA MIST DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	CANNON, WILLIAM	42 NAME	
STREET ADDRESS	12457 N. MAPLEWOOD LANE	43 STREET ADDRESS	
CITY-ST-ZIP	ELLISON BAY WI	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	D ☐ Change ☐ Addition
NAME	SCHWARTZ, JAMES	52 NAME	Marie Sensabaugh
STREET ADDRESS	4249 SEA MIST DRIVE	53 STREET ADDRESS	4241 Sea Mist Drive
CITY-ST-ZIP	NEW SMYRNA BCH. FL	54 CITY-ST-ZIP	New Smyrna Beach FL
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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] 3.1595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000481