# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # N01310 (4)

1. Corporation Name

**SEA MIST VILLAS CONDOMINIUM ASSOCIATION, INC.**

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

3. Date Incorporated or Qualified: 02/08/1984

3a. Date of Last Report: 04/13/1995

2. Principal Place of Business (21)

Suite, Apt. #, etc. (22): 3500 S ATLANTIC AVE

City & State (23):

Zip (24): Country (25):

2a. Mailing Address (26)

Suite, Apt. #, etc. (27): 3500 S ATLANTIC AVE

City & State (28):

Zip (29): Country (30):

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

ROE, WILLIAM E
~~4168~~ S ATLANTIC AVE
~~2100 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): 3500 S. ATLANTIC AVENUE

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | SD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SCHWARTZ, STANELY | | 1.2 NAME | | |
| STREET ADDRESS | 4249 SEA MIST DRIVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PAT GILCHRIST | | 2.2 NAME | 000001831610 | |
| STREET ADDRESS | 4261 SEA MIST DRIVE | | 2.3 STREET ADDRESS | -05/21/96--01040--023 | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL | | 2.4 CITY-ST-ZIP | ***61.25 | |
| TITLE | TD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RUCKERT, JOHN | | 3.2 NAME | | |
| STREET ADDRESS | 4340 SEA MIST DRIVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | | ☒ Change ☐ Addition |
| NAME | CANNON, WILLIAM | | 4.2 NAME | JAMES SCHWARTZ | |
| STREET ADDRESS | 12457 N. MAPLEWOOD LANE | | 4.3 STREET ADDRESS | 4208 Gulf Cove | |
| CITY-ST-ZIP | ELLISON BAY WI | | 4.4 CITY-ST-ZIP | New Smyrna Beach, FL 32169 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MARIE SINSABAUGN | | 5.2 NAME | | |
| STREET ADDRESS | 4241 SEA MIST DRIVE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW SMYRNA BCH. FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☒ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

S-28-96

12

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)(k), 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 — Daytime Phone #

CR2E037 (12/95)