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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N15305

1. Corporation Name
THE GOLF & SEA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
809 GOLF & SEA BLVD B4 APOLLO BCH FL 33572	809 GOLF AND SEA BLVD. UNIT B4 STE B-4 APOLLO BCH FL 33572 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/05/1986
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2798784
City & State	City & State	5. Certificate of Status Desired
23	28	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing
24	25	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHINDORF, RONNIE F 809 GOLF AND SEA BLVD B3 APOLLO BEACH FL 33572	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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 if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIPP, DIANA M	1.2 NAME	
STREET ADDRESS	809 GOLF AND SEA BLVD A4	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL 33572	1.4 CITY-ST-ZIP	
TITLE	DVPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINDORF, RONNIE F	2.2 NAME	
STREET ADDRESS	809 GOLF AND SEA BLVD B3	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BCH FL 33572	2.4 CITY-ST-ZIP	
TITLE	DSEC <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DSEC <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMANIS, JEAN C	3.2 NAME	Schmidt, RONALD
STREET ADDRESS	809 GOLF AND SEA BLVD A3	3.3 STREET ADDRESS	809 Golf & Sea Blvd A-2
CITY-ST-ZIP	APOLLO BEACH FL 33572	3.4 CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: SIGNATURE REQUIRED *[Signature]* Date: 1/16/98 (813) 645-2010

CR2E037 (11/98)