

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 # N15754 (7)

1. Corporation Name

CONDOMINIUM OWNERS ASSOCIATION OF SURFSIDE SIX, INC.



Principal Place of Business 7342 SAN JOSE BLVD. 4215 SOUTHPOINT BLVD. JAX FL 32217 US	Mailing Address % MICHAEL N. GSHNEIDER 4215 SOUTHPOINT BLVD. JACKSONVILLE FL 32216 US
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3. Date Incorporated or Qualified 07/08/1986	3a. Date of Last Report 04/27/1995
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2. Principal Place of Business 21 2 10TH ST Suite, Apt. #, etc. 22 City & State 23 ST AUGUSTINE BEACH FL Zip 24 32084 Country 25 USA	2a. Mailing Address 26 890 A1A BEACH BLVD Suite, Apt. #, etc. 27 City & State 28 ST AUGUSTINE BEACH FL Zip 29 32084 Country 30 USA
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4. FEI Number 59-2877775	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BOBBITT, TIMOTHY E 7342 SAN JOSE BLVD JACKSONVILLE FL 32217	10. Name and Address of New Registered Agent 81 Name SEAWINDS COMMUNITIES INC 82 Street Address (P.O. Box Number is Not Acceptable) 890 A1A BEACH BLVD 83 84 City ST. AUGUSTINE BEACH FL 85 Zip Code 32084
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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: STEVE CUPOLO SEAWINDS PRESIDENT DATE: 04 19 96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D BOBBITT, TIMOTHY 7342 SAN JOSE BLVD. JACKSONVILLE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D CAMPBELL, DAVID 3103 HUNTINGTON CIR. VALDOSTA GA	1.2 NAME	
TITLE	D THOMAS, JACK H. 4575 WHISPERING INLET DR JACKSONVILLE FL	1.3 STREET ADDRESS	
TITLE		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.2 NAME	
TITLE		2.3 STREET ADDRESS	
TITLE		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME	
TITLE		3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.2 NAME	
TITLE		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME	900001799508
TITLE		5.3 STREET ADDRESS	-04/29/96--01090--031
TITLE		5.4 CITY-ST-ZIP	***61.25
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
TITLE		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 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: TIMOTHY BOBBITT Date: APRIL 22 96 Daytime Phone #: 9044716718

CR2E037 (12/95)