FILE NOW: FILING FEE IS $61.25

~~NONPROFIT~~ ok

CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED

96 AUG 23 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J30651

1. Corporation Name
Seminole Beach Homeowners Assoc., Inc.

600001938726
-09/04/96--01145--008
*****61.25 *****61.25

Principal Place of Business	Mailing Address
2348 Seminole Beach Ct Atlantic Beach Fl 32233	SAME

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 SAME	26 SAME	2/13/89	5/1/95
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2939204	☐ Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 Atlantic Beach Fl	City & State 28 Atlantic Beach Fl	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 32233 / 25 Duval	Zip / Country 29 32233 / 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	10. Name and Address of New Registered Agent
Ada A. Hammond 2348 Seminole Beach Ct. Atlantic Beach, Fl 32233	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 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 Ada A Hammond 5/22/96
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	P/D ☐DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Brett Hammond	1.2 NAME	
STREET ADDRESS	2348 Seminole Beach Ct	1.3 STREET ADDRESS	
CITY-ST-ZIP	Atlantic Beach Fl 32233	1.4 CITY-ST-ZIP	
TITLE	T/D ☐DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Ted Hopkins	2.2 NAME	
STREET ADDRESS	51 Seminole Beach Dr	2.3 STREET ADDRESS	
CITY-ST-ZIP	Atlantic Beach Fl 32233	2.4 CITY-ST-ZIP	
TITLE	S ☐DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Ada Hammond	3.2 NAME	
STREET ADDRESS	2348 Seminole Beach Ct	3.3 STREET ADDRESS	
CITY-ST-ZIP	Atlantic Bch, Fl 32233	3.4 CITY-ST-ZIP	
TITLE	D ☐DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Clarence Boudreaux	4.2 NAME	
STREET ADDRESS	2347 Seminole Beach Ct	4.3 STREET ADDRESS	
CITY-ST-ZIP	Atlantic Beach Fl 32233	4.4 CITY-ST-ZIP	
TITLE	☐DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

CR2E037 (12/95)

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: Ada A Hammond Ada A Hammond 5/10/96 904 358 7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #