

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Aug 14 1996 8:00 am
 Secretary of State

DOCUMENT # N9300000583 (5)

1. Corporation Name
SEA VILLAS IV CONDOMINIUM ASSOCIATION OF NEW SMYRNA BEACH, INC.



Principal Place of Business Mailing Address
751 3RD AVE. NEW SMYRNA BEACH FL 32169 **751 3RD AVE. NEW SMYRNA BEACH FL 32169**

3. Date Incorporated or Qualified **02/05/1993** 3a. Date of Last Report **04/07/1995**

2. Principal Place of Business 2a. Mailing Address
 21 **2201 Hill Street** 26 **2208 Hill Street**
 Suite, Apt #, etc. Suite, Apt #, etc.
 22 City & State 27 City & State
 23 **New Smyrna Beach, FL** 28 **New Smyrna Beach FL**
 Zip Country Zip Country
 24 **32169** 25 Country 29 **32169** 30 Country

4. FEI Number **59-3168788** 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
KOSMAS, JAMES M
751 3RD AVE.
NEW SMYRNA BEACH FL 32169

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
2208 Hill Street
 83
 84 City **New Smyrna Beach** FL 85 Zip Code **32169**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSMAS, STEVEN P	1.2 NAME	
STREET ADDRESS	751 3RD AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BEACH FL 32169	1.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSMAS, PAUL	2.2 NAME	
STREET ADDRESS	751 3RD AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BEACH FL 32169	2.4 CITY - ST - ZIP	
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFY, TRUDY	3.2 NAME	
STREET ADDRESS	751 3RD AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BEACH FL 32169	3.4 CITY - ST - ZIP	
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 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: Trudy Duffy Date: 8/13/96 Daytime Phone #: (904) 428-1874
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)