

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90027 043 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001473**

1. Corporation Name  
**SEA CHASE AT OCEAN VILLAGE CONDOMINIUM ASSOCIATI  
ON, INC.**

Principal Place of Business 2215 EAST SR 200 YULEE FL 32097 US	Mailing Address PO BOX 1987 YULEE FL 32097-1987 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/28/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3367989
22	27	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Country 29	Country 30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
POWELL, TERRELL J 2215 EAST SR 200 YULEE FL 32097		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 \_\_\_\_\_ 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOND, PETER	1.2 NAME	
STREET ADDRESS	5158 SEA CHASE DR, 4	1.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH FL 32034	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN AMERONGEN, JAN	2.2 NAME	
STREET ADDRESS	97 KENILWORTH RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNTIAN LAKES NJ 07046	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDS, AL	3.2 NAME	
STREET ADDRESS	6049 TROWBRIDGE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45241	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEYMANN, RON	4.2 NAME	SCHLEPPE, DANIEL J
STREET ADDRESS	5214 SEA CHASE DR, 2	4.3 STREET ADDRESS	2311 LITTE BROOKE DR
CITY-ST-ZIP	FERNANDINA BCH FL 32034	4.4 CITY-ST-ZIP	NEWWOODY GA 30338
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKLAND, WEBB C	5.2 NAME	
STREET ADDRESS	5242 SEA CHASE DR, 1	5.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH FL 32034	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 the 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 3/5/99 Date President Daytime Phone # \_\_\_\_\_

CR2E037 (1/1/98)