## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500005397 (3)

SEA DIP BEACH RESORT CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

Mailing Address

## **FILED** Aug 18 1997 8:00am Secretary of State



128 EAST GRANADA BLVD. ORMOND BEACH FL 82176	128 EAST GRANADA BLVD. ORMOND BEACH FL 32176-66	85		
			3. Date Incorporated or Qualified 11/15/1995	3a. Date of Last Report 06/11/1996
2. Principal Place of Business 21 1233 S. Allant	ic Ave 28. Mailing Address 26		4. FEI Number 3431524	Applied For Not Applicable
Suite, Apt. #, etc. 22 Daytona Bea	ch   Suite Apt. #, etc.   27   PO Box 19	77	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & State Lonida		each, Horio	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	usia 2932175-1977	country 30 VOlusia	8. This corporation has liability for i	Yes No
y, Name and Addre	as of Current Registered Agent	81 Name p	10. Name and Address of New Reg RAIN EY, JOHN A.	Jistered Agent
KLEINFELDER, ARMIN 128 EAST GRANADA BLVD.		82 Street Ad	ddress (P.O. Box Number is Not Acceptab 2101 John Anderson Dri	ve
ORMOND BEACH FL 32178				
		84 City	Ormond Beach	FL 85 Zip Code 32176
Pursuant to the provisions of Sect office or registered agent, or both agent. I am familiar with, and according to the provision of the provisions of t	ons 617.0502 and 617.1508, Florida Statutet, in the State of Florida. Such change was au apt the obligations of, Section 617.0503, Flor	s, the above-named co uthorized by the corpor ida Statutes.	orporation submits this statement for the p gion's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE Signature, typed or priviled name	RAINEY of legistered agent end title if applicable (NOTE.	Registered Agent signature red	Quired when reinstating)	07/17/97 DATE
	FICERS AND DIRECTORS	13.	ADDITIONS CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE PD	DELETE	14 IME	D	_≱ Change ☐ Addition
NAME <b>RAINEY, JOHN A</b>		1.2 NAME	RAINEY, JOHN A.	
STREET ADDRESS 128 EAST GRANADA		1.3 STREET ADDRESS	2101 John Anderson Dr:	II:
CITY-ST-ZIP ORMOND BEACH FI		1,4 CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE VSTD	DELETE	2.1 TITLE	President	Change Addition
NAME RAINEY, CHRI		2.2 NAME	William White	
STREET ADDRESS 128 E. Granad		2.3 STREET ADDRESS	826 East Hill Delve	202
	K DELETE	2.4 CITY - ST - ZIP	Brentwood, TN 37	Change X Addition
	<del></del>	3.2 NAME	secretary Sims.	El Change III Abdition
STREET ADDRESS 128 E. Grana		3.3 STREET ADDRESS	2430 Windridge 12	IR. N.E
CITY-ST-ZIP ORMOND BEACH			Conyers, GA 300	
TITLE SERVICE	DELETE			Change Al Addition
NAME	<del></del>	4. 2 NAME	william Sims	y =
STREET ADDRESS		4.3 STREET ADDRESS	430 windridge D	1. O.E
CITY-ST-ZIP		4.4 CITY-ST-ZIP	onyers GA 300	(3)
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 1		6.3 STREET ADDRESS		j
CITY-ST-ZIP		6.4 CITY+ST-ZIP		
14 I do haraby cartify that the informe	tion europlied with this filing door not availed	for the evenentian state	ad in Continu 440 07/0V/L Florids Otes to a	1.7 1) . 107 (1 1.11

on nereby 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.