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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000005397

1. Corporation Name
SEA DIP BEACH RESORT CONDOMINIUM ASSOCIATION, INC.

* 4 4 4 9 9 4 2 *
 449942 - 90232 - 5

Principal Place of Business
 1233 S ATLANTIC AVE
 DAYTONA BEACH FL 32118
 US

Mailing Address
 128 EAST GRANADA BLVD.
 PO BOX 1977
 ORMOND BEACH FL 32175-1977
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 c/o Southeast Mgmt.		11/15/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 3511 S. Peninsula Dr.		59-3431526	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28 Daytona Bh, FL		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29 32127		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

RAINEY, JOHN A
 2101 JOHN ANDERSON DR
 ORMOND BEACH FL 32176

81 Name **Karen D. Parkes**
 82 Street Address (P.O. Box Number is Not Acceptable)
 3511 S. Peninsula Dr.
 83
 84 City **Daytona Beach** FL 85 Zip Code **32127**

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 *Karen D. Parkes* DATE 4/19/99
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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, WILLIAM	1.2 NAME	
STREET ADDRESS	826 EAST HILLVIEW DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BENTWOOD TN 37027	1.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYER, IRVIN	2.2 NAME	DV GRANT, DARYL
STREET ADDRESS	326 EAST MORNING DOVE COURT	2.3 STREET ADDRESS	1615 DAWN RIDGE COURT
CITY-ST-ZIP	MONTICELLO GA 31064	2.4 CITY-ST-ZIP	BRANDON, FL 33510
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WANCIDO, DEBBIE	3.2 NAME	TS MORTON, DONALD
STREET ADDRESS	272 ST ANTHONY DRIVE	3.3 STREET ADDRESS	568 HUNTINGTON PRKWAY
CITY-ST-ZIP	VALRICO FL 33594	3.4 CITY-ST-ZIP	NASHVILLE, TN 37211-5948
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELOW, BETSEY	4.2 NAME	
STREET ADDRESS	11013 SPIVEY ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	GIBSONTON FL 33534	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARPE, GRACE	5.2 NAME	
STREET ADDRESS	303 BRADEY STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	POOLES GA 31322	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 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, with all other like empowered.

SIGNATURE: X *[Signature]* DATE 4/23/99 (813) 985-8870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)