FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600004083 (9)

	CEAN CLUB AT ORCHID (ON, INC.	ISLAND CONDOMINIUM	ASSO	
Principal Place of Business		Mailing Address		L (BOATIO) SINC TOTILO BITTI BETTY ORTH DOLLI BETTY DOLLI BITT
1 BEACHSIDE DRIVE - TOWN OF ORCHID 1 BEACHSIDE DRIVE - TOW VERO BEACH FL 32963 VERO BEACH FL 32963			WN OF ORCHID	3. Date Incorporated or Qualified 08/02/1996 4. FEI Number Applied For
				APPLIED FOR 59-3447033 Not Applicable
2. Principal Place of Business 2a. Mailing Address 2b.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22 27			Trust Fund Contribution Added to Fees	
City & State City & State				7. Is this nonprofit corporation a homeowners association?
23 Zip	Country	28 Zip	Country	Yes 🔀 No
24 24	Country	⊢ ¬ ' '	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 🖫 No
24	9. Name and Address of Curre		30	10. Name and Address of New Registered Agent
			81 Name	
QUINN.	JEROME D		82 Street	Address (P.O. Box Number is Not Acceptable)
3111 CARDINAL DRIVE		at Sheet	Address (F.O. box Number is Not Acceptable)	
VERO BEACH FL 32963			83	
			84 City	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.				
agent. La	ım familiar with, and accept the obli	gations of, Section 617.0503, Flo	rida Statutes.	
SIGNATURE .	Signature, typed or printed name of registered a	oent and title if annicable (NOTE	Registered Agent signature	e required when reinstating) DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	D
NAME	BROWN, THOMAS	/ \	1.2 NAME	Brough, John A.
STREET ADDRESS	3125 WINDSOR BLVD.		1.3 STREET ADDRESS	3125 Windsor Blvd
CITY-ST-ZIP	VERO BEACH FL 32963		1.4 CITY-ST-ZIP	Vero Beach, F1 32963
TITLE	VD	☐ DELETE	2.1 TITLE	Change Addition
NAME	BURNETT, ROBERT		2.2 NAME	
STREET ADDRESS	3125 WINDSOR BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Mikesh, Linda a		3.2 NAME	
STREET ADDRESS	3125 WINDSOR BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963		3.4. CITY - ST - ZIP	
TITLE	PD PD	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GIVEN, KEVIN		4. 2 NAME	Į i
STREET ADDRESS	1 BEACHSIDE DR		4.3 STREET ADORESS	
CITY-ST-ZIP	TOWN OF ORCHID FL		4.4 CITY-ST-ZIP	
TITLE	D	DELETE	5.1 TITLE	Change Addition
NAME	QUINN, JEROME D		5.2 NAME	
STREET ADDRESS	3111 CARDINAL DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL 32963		5.4 City-St-ZiP	
TITLE		DELETE	6.1 TITLE	Change Addition

SIGNATURE:

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurations of the receiver of trustee empuyered to explain the receiver of trustee empoyers.

STREET ADDRESS

C MUMA SID I

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STD Linda Mikesh 4/22/98 (561)-388-5050

he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information fig and that mysignature shall have the same legal effect as if made under oath; that I am an acute this report as jequired by Chapter 617, Florida Statutes; and that my name appears in

FILED

Apr 30 1998 8:00am

Secretary of State