FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **722831** **(5)**

1. Corporation Name

SEA TERRACE CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
209 SE 6TH ST #9 BOYNTON BEACH FL 33435 US	209 SE 6TH ST #9 BOYNTON BEACH FL 33435 US

3. Date Incorporated or Qualified: **03/06/1972**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1114218** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ELLIS, JACQUELYN
1017 NW 7TH ST
BOYNTON BCH FL 33426

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] 4-20-95
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	ELLIS, JACKIE	12 NAME	Ellis, Jacquelyn L
STREET ADDRESS	1017 NW 7TH ST	13 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	ST ☑ Change ☐ Addition
NAME	BICATA, BARBARA	22 NAME	Dummett, SALLY
STREET ADDRESS	209 SE 6TH ST 310	23 STREET ADDRESS	209 SE 6th St Apt #1
CITY-ST-ZIP	BOYNTON BCH FL	24 CITY-ST-ZIP	Boynton Beach, FL 33435
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BAUM, WALTER	32 NAME	
STREET ADDRESS	209 SE 6TH ST #11	33 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LEMNAH, SUZANNE	42 NAME	
STREET ADDRESS	209 SE 6TH	43 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LUGI, TUFANO	52 NAME	
STREET ADDRESS	209 SE 6TH ST 2#12	53 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: [signature] 4/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0012120