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 APR 24 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 761566 (9)

1. Corporation Name
1616 - SEA COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ELLIOTT MANAGEMENT 1105 12 ST VERO BEACH FL 32960	C/O ELLIOTT MANAGEMENT 1105 12 ST VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1982
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2579999 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

ELLIOTT MANAGEMENT SYSTEMS
1105 12 ST
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name: Richard Elliott
82 Street Address (P.O. Box Number Is Not Acceptable): Elliott Merrill Community Mgmt
83: 1105 12th Street
84 City: Vero Beach FL 85 Zip Code: 32960

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: Richard D Elliott — Richard D. Elliott, Pres. — 3-29-95
Signature, typed or printed 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	DV	11 TITLE	VD	☑ Change ☐ Addition
NAME	ROGERS, HENRY	12 NAME	Michael Cruit	
STREET ADDRESS	1616 S OCEAN DRIVE #S302	13 STREET ADDRESS	1616 S. Ocean Drive # 5201 V	
CITY-ST-ZIP	VERO BEACH FL	14 CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	T	21 TITLE	TD	☑ Change ☐ Addition
NAME	GRILO, ROBERT	22 NAME	Robert Grillo	
STREET ADDRESS	1700 S. OCEAN DR N106	23 STREET ADDRESS	1700 S Ocean Drive # N103	
CITY-ST-ZIP	VERO BEACH FL	24 CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	DP	31 TITLE		☐ Change ☐ Addition
NAME	RANSOM, DORIS	32 NAME		
STREET ADDRESS	1616 OCEAN DR S307	33 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	34 CITY-ST-ZIP		
TITLE	DV	41 TITLE		☐ Change ☐ Addition
NAME	BARON, JOHN	42 NAME		
STREET ADDRESS	1616 S OCEAN DRIVE #S204	43 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL	44 CITY-ST-ZIP		
TITLE	DS	51 TITLE		☐ Change ☐ Addition
NAME	KONIDYRA, JEAN	52 NAME		
STREET ADDRESS	1700 S OCEAN DRIVE N	53 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☑ Change ☐ Addition
NAME	MASI, ANTHONY	62 NAME	no 6th Member	
STREET ADDRESS	1700 S. OCEAN DR., #N-206	63 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	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)(k), 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: Ellen Ransom — 3-29-95 — 407-569-9853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004844