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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

A BARDAN ARANG ARANG

1996

DOCUMENT #

770896

(9)

SEACOVE CONDOMINIUM OWNERS! ASSOCIATION, INC.				
	INC	MOTALOGOS	UNINEDC:	ひにんへんいに

District (B)	-10	14.9									
Principal Place	of Business	Mailing Addres	ss					\$5.00 May Be Added to Fees gible tax under s. 199.032, //es \ No lered Agent FL 85 Zip Code e of changing its registered office nent as registered agent. I am 3 - 7 - 9 C			
1630 OLD HV DESTIN FL 3		1630 OLD HI DESTIN FL 3									
US US	EUT I	US US	PE-JPF I			2 Data leasure state of a County of	7 65 5	in after	Donat		
						3. Date incorporated or Qualified 10/25/1983					
2. Principal Pla	ace of Business	2a. Mailing Add	dress			4. FEI Number			Applied For		
21		26				59-2373299					
Suite, Apt. #	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired					
City & State)	City & State	э		· · · · · · · ·	6. Election Campaign Financing		\$5.0	0 May Be		
23		28				Trust Fund Contribution					
Ζφ 24	Country 25	Ζιρ 29	30	untry	•	This corporation has liability for in Florida Statutes			199.032,		
24	9. Name and Address of Curre	 L		Τ		10. Name and Address of New Ro					
				81	Name		T				
CODDIN	IGTON, DAVID L.			82	Street Add	ress (P.O. Box Number is Not Acceptable	-l				
	D HWY 98				OUTLOW Add	ready to contrained to necessary					
	FL 32541			83							
				84	City		FI	85 ZK	ρ Code		
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508. Flori	ida Statutes, the ab	ove-r	L named corpor	ration submits this statement for the purp		nging Its r	egistered offic		
or register	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change wa	s authorized by the	corp	oration's boa	ard of directors. I hereby accept the appo	intment as	registered	lagent. I am		
	The decopitation of the solidations of Sec		_		وم محترد د د د	MANAGEL	2 2	-96			
SIGNATURE _	Signature, typed or printed name of registered age	it and title if applicable	O L COOL	<i>l. ⊒∦.</i> d Ager	nt signature require	ed when reinstating)	DATE				
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	ORS IN 12		
TITLE	V D	D	ELETE 1.1 1	TLE				Change	Addition		
NAME	KAVANAGH, MARTIN		1.2)	IAME							
STREET ADDRESS	4275 HWY 98 E		1.3 5	TREET	r address						
CITY-ST-ZIP	DESTIN FL	· · · · · · · · · · · · · · · · · · ·		OTY-S	ST-ZIP						
TITLE	D	D	ELETE 2.11	ITLE				_] Change	Addition		
NAME	JACKSON, TOMMY		221	AME							
STREET ADDRESS	312 CASTLEAIR DR		235	TREET	ADDRESS						
CITY-ST-7IP	KENNESAW GA				ST-ZIP		······		FT Addition		
Trile	SD	רַוַטוּ		ITLE			L	_] Change	☐ Addition		
NAME	YOUNG, JOAN			AME							
STREET ADDRESS	4275 HWY 98 E				T ADDRESS						
CITY - ST - ZIP	DESTIN FL	<u></u>			ST-ZIP			Change	Addition		
TITLE	PD CAUTH IAMES	الال		ITLE			L	П снянде	[_] Addition		
NAME CANCEL ADORESS	SMITH, JAMES 603 WOOD HILL DRIVE			NAME							
STREET ADDRESS	FAIRBORN OH				T ADDRESS						
CITY-ST-ZIP TITLE	TD	<u> </u>		TITLE	ST-ZIP		ſ	Change	☐ Addition		
NAME	CASTELLANO, JOHN	. د ا		NAME			•				
STREET ADDRESS	2245 ENLUND #7				T ADDRESS						
CITY-ST-ZIP	PALATINE IL				ST-ZIP						
TOLE	7 7 TOO 2 7 17 THE 190	D		ITLE		,		Change	Addition		
NAME				NAME				-	-		
STREET ADDRESS					T ADORESS						
CITY-ST-ZIP					ST-ZIP						
14. I do hereb			ntarily furnished and	doe	s not qualify	for the exemption stated in Section 119.					
oath; that	the information indicated on this and I am an officer or director of the corp Block 12 or Block 13 if changed, or	oration or the receive	r or trustee empowe	is tru ered	ue and accura to execute th	ate and that my signature shall have the is report as required by Chapter 617, Flo	same legal rida Statuti	effect as it es; and tha	! made under at my name		

SIGNATURE: MAND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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