

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N21972 (7)

1. Corporation Name

SEA PLACE II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

%JACOBS AND JACOBS  
1093 A1A BEACH BLVD STE 355  
ST. AUGUSTINE FL 32084  
US

%JACOBS AND JACOBS  
1093 A1A BEACH BLVD STE 355  
ST. AUGUSTINE FL 32084  
US

3. Date Incorporated or Qualified  
08/10/1987

3a. Date of Last Report  
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21 MAY MANAGEMENT SERVICES, INC.

26 MAY MANAGEMENT SERVICES, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4320 A1A SOUTH STE 2

27 4320 A1A SOUTH STE 2

City & State

City & State

23 ST AUGUSTINE, FLORIDA

28 ST. AUGUSTINE, FLORIDA

Zip

Country

Zip

Country

24 32084

25 ST. JAMES

29 32084

30 ST. JAMES

4. FEI Number

59-2905580

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOBS, MARY W.  
1093 A1A BEACH BLVD STE 355  
ST. AUGUSTINE FL 32084

81 Name

MAY MANAGEMENT SERVICES, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

4320 A1A SOUTH STE 2

83

84 City

St Augustine

FL

85 Zip Code

32084

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 617.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

3/12/96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME HICKS, PAUL  
STREET ADDRESS 1714 SEA FAIR  
CITY - ST - ZIP ST. AUGUSTINE FL

TITLE VP ☐ DELETE  
NAME DEMARS, LARRY  
STREET ADDRESS 1704 SEA FAIR  
CITY - ST - ZIP ST. AUGUSTINE FL

TITLE ST ☐ DELETE  
NAME WYZAN, MAJORIE  
STREET ADDRESS 1706 SEA FAIR  
CITY - ST - ZIP ST. AUGUSTINE FL

TITLE D ☐ DELETE  
NAME IDdings, RONALD  
STREET ADDRESS 1713 SEA FAIR DR  
CITY - ST - ZIP ST. AUGUSTINE FL

TITLE P ☐ DELETE  
NAME ROUGE, FRED  
STREET ADDRESS 1708 SEA FAIR  
CITY - ST - ZIP ST. AUGUSTINE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

471-7181

Date

Daytime Phone #

CR2E037 (12/95)