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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **761566** **(9)**

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

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

Mailing Address
C/O ELLIOTT MANAGEMENT
1105 12 ST
VERO BEACH FL 32960-3718

3. Date Incorporated or Qualified: 01/22/1982
3a. Date of Last Report: 04/23/1996

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)

4. FEI Number: 59-2579999 — 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
ELLIOTT, RICHARD
ELLIOTT MERRILL COMMUNITY MGMT
1105-12TH STREET
VERO BEACH FL 32960

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 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.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	LOVISA, TULLIO	
STREET ADDRESS	1700 S. OCEAN DRIVE, S107	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	TD	☐ DELETE
NAME	GRILLO, ROBERT	
STREET ADDRESS	1700 S. OCEAN DRIVE, #N103	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VD	☐ DELETE
NAME	RANSOM, DORIS	
STREET ADDRESS	1616 S OCEAN DRIVE, S307	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	PD	☐ DELETE
NAME	BARON, JOHN	
STREET ADDRESS	1616 S OCEAN DRIVE #S204	
CITY-ST-ZIP	VERO BCH FL	
TITLE	DS	☒ DELETE
NAME	KONDYRA, JEAN	
STREET ADDRESS	1700 S OCEAN DRIVE N	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	32963	
2.1 TITLE	PD	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	32963	
3.1 TITLE	VD1	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	32963	
4.1 TITLE	VD2	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	32963	
5.1 TITLE	SD	☐ Change ☒ Addition
5.2 NAME	Sayre, Kathryn S.	
5.3 STREET ADDRESS	1700 S. Ocean Dr., Unit N-204V	
5.4 CITY-ST-ZIP	Vero Beach, FL 32963	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 REQUIRED — Robert Grillo — April-25-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0020460