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**FILED**  
**Feb 16, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 764003**

1. Corporation Name

**SEAFIRE CONDOMINIUM ASSOCIATION, INC.**

CODE: \_\_\_\_\_



Principal Place of Business

2121 HILL STREET  
NEW SMYRNA BEACH FL 32169  
US

Mailing Address

703 THIRD AVENUE  
NEW SMYRNA BEACH FL 32169  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/30/1982

4. FEI Number

59-2486863

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

9. Name and Address of Current Registered Agent

**THE KEYES COMPANY  
703 THIRD AVENUE  
NEW SMYRNA BEACH FL 32169**

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 ☐ DELETE

NAME **VD  
THOMPSON, GILLIAN**  
STREET ADDRESS **2121 HILL ST., UNIT #7A**  
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE ☐ DELETE

NAME **TD  
LYONS, JOHN G**  
STREET ADDRESS **544 FERRY POINT ROAD**  
CITY-ST-ZIP **ANNAPOLIS MD 21403**

TITLE ☐ DELETE

NAME **SD  
WHILE, MARGARET**  
STREET ADDRESS **7548 GLENMOOR LANE**  
CITY-ST-ZIP **WINTER PARK FL 32789-2510**

TITLE ☐ DELETE

NAME **PD  
RANDALL, MARK**  
STREET ADDRESS **222 COACHMANS COVE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE ☐ DELETE

NAME **D  
HARRALSON, EUGENE D**  
STREET ADDRESS **1571 DOYLE ROAD**  
CITY-ST-ZIP **DELTONA FL 32725**

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John G Lyons, Jr**

Date

**904 4230778**

Daytime Phone #

CR2E037 (1/98)