

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90074 028 ****61.25

DOCUMENT # 761566

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



Principal Place of Business
C/O ELLIOTT MANAGEMENT
835 20TH PL
VERO BEACH, FL 32960 US

Mailing Address
C/O ELLIOTT MANAGEMENT
835 20TH PL
VERO BEACH, FL 32960 US

40042500



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2579999

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERRILL, KAREN
ELLIOTT MERRILL COMMUNITY MGMT
835 20TH PL
VERO BEACH, FL 32960

7. Name and Address of New Registered Agent

Name Mr. Charles McKinnon
Street Address (P.O. Box Number is Not Acceptable) 3055 Cardinal Dr Ste 302
City Vero Beach FL 32963

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	VANARSDALE, CHRIS	
STREET ADDRESS	1616 S OCEAN DR #508	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEGATE, FRED	
STREET ADDRESS	1616 S OCEAN DR #507	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KIRCHOFF, THOMAS	
STREET ADDRESS	1700 S. OCEAN DR. #N505	
CITY-ST-ZIP	VERO BCH, FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROSSETT, JACK	
STREET ADDRESS	1700 S. OCEAN DRIVE #306	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZANARDELLI, JOHN	
STREET ADDRESS	1616 S OCEAN DR #	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	vanArsdel	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Flynn	
STREET ADDRESS	1700 S. Ocean Dr. #300	
CITY-ST-ZIP	Vero Beach, FL 32963	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/08

Date

Daytime Phone #