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Entity Name: SEACREST TOWERS CONDOMINIUM ASSOCIATION, INC.				Secretary of State 3665133261CC	
1609 N. RIVER	ACH, FL 33062-3325			20100	
Current Mai	ling Address:				
1609 N. RIVI POMPANO E	ERSIDE DR. BEACH, FL 33062-3325 US				
FEI Number: 59-1494622 Certific		Certificate of Status Desi	icate of Status Desired: No		
Name and A	ddress of Current Registered Agent:				
JAEGER, GLEN 1609 N. RIVERS UNIT 701 POMPANO BEA					
The above named	I entity submits this statement for the purpose of changing its reg	stered office or regis	tered agent, or both, in the State of Flo	rida.	
		stered office or regis	tered agent, or both, in the State of Flo	^{rida.} 02/26/2019	
	l entity submits this statement for the purpose of changing its reg	stered office or regis	tered agent, or both, in the State of Flo		
	 I entity submits this statement for the purpose of changing its registered GLENN JAEGER Electronic Signature of Registered Agent 	stered office or regis	tered agent, or both, in the State of Flo	02/26/2019	
SIGNATURE	 I entity submits this statement for the purpose of changing its registered GLENN JAEGER Electronic Signature of Registered Agent 	stered office or regis	tered agent, or both, in the State of Flo	02/26/2019	
SIGNATURE	entity submits this statement for the purpose of changing its registered Agent Electronic Signature of Registered Agent			02/26/2019	
SIGNATURE Officer/Direc Title	entity submits this statement for the purpose of changing its registered GLENN JAEGER Electronic Signature of Registered Agent Ctor Detail : TREASURER	Title	AT- LARGE	02/26/2019	
SIGNATURE Officer/Direc Title Name	E entity submits this statement for the purpose of changing its registered E GLENN JAEGER Electronic Signature of Registered Agent Ctor Detail : TREASURER DOAR, ROBERT 1609 N. RIVERSIDE DR. APT. 301	Title Name	AT- LARGE FARMER, WILLIAM 1609 N. RIVERSIDE DR. APT. #905	02/26/2019	
SIGNATURE Officer/Direc Title Name Address	E entity submits this statement for the purpose of changing its registered E GLENN JAEGER Electronic Signature of Registered Agent Ctor Detail : TREASURER DOAR, ROBERT 1609 N. RIVERSIDE DR. APT. 301	Title Name Address	AT- LARGE FARMER, WILLIAM 1609 N. RIVERSIDE DR. APT. #905	02/26/2019	
SIGNATURE Officer/Direc Title Name Address City-State-Zip:	E entity submits this statement for the purpose of changing its registered E GLENN JAEGER Electronic Signature of Registered Agent Ctor Detail : TREASURER DOAR, ROBERT 1609 N. RIVERSIDE DR. APT. 301 POMPANO BEACH FL 33062	Title Name Address City-State-Zip:	AT- LARGE FARMER, WILLIAM 1609 N. RIVERSIDE DR. APT. #905 POMPANO BEACH FL 33062	02/26/2019	
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Ctor Detail : TREASURER DOAR, ROBERT 1609 N. RIVERSIDE DR. APT. 301 POMPANO BEACH FL 33062 PRESIDENT	Title Name Address City-State-Zip: Title	AT- LARGE FARMER, WILLIAM 1609 N. RIVERSIDE DR. APT. #905 POMPANO BEACH FL 33062 SECRETARY	02/26/2019	
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title Name Address	 I entity submits this statement for the purpose of changing its registered Agent Electronic Signature of Registered Agent Ctor Detail : TREASURER DOAR, ROBERT 1609 N. RIVERSIDE DR. APT. 301 POMPANO BEACH FL 33062 PRESIDENT JAEGER, GLENN W 	Title Name Address City-State-Zip: Title Name	AT- LARGE FARMER, WILLIAM 1609 N. RIVERSIDE DR. APT. #905 POMPANO BEACH FL 33062 SECRETARY JOHNSON, STEVEN E 437 GASKILL STRRET	02/26/2019	

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717692

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SECRETARY

SIGNATURE: STEVEN E JOHNSON

VP

BEADNELL, BARBARA

1609 N. RIVERSIDE DR.

APT. #1006 City-State-Zip: POMPANO BEACH FL 33062

Title

Name Address

Electronic Signature of Signing Officer/Director Detail

Date

02/26/2019

FILED Feb 26, 2019