2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2013
Secretary of State
CC4563296833

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Entity Name: S.C. CONDOMINIUM, INC.

Current Principal Place of Business:

4445 SOUTH ATLANTIC AVENUE
#104
PONCE INLET, FL 32127

Current Mailing Address:

4445 SOUTH ATLANTIC AVENUE
#104
PONCE INLET, FL 32127

FEI Number: 59-1564467

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROBINSON, SUE A
4445 S ATLANTIC AVE
#104
PONCE INLET, FL 32127 US

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.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRES
Name	ARGO, NANCY
Address	4445 S. ATLATIC AVE.
City-State-Zip:	PONCE INLET FL 32127

Title	VP
Name	LAUTHAIN, LOUISE
Address	4435 S. ATLANTIC AVE
City-State-Zip:	PONCE INLET FL 32127

Title	SEC
Name	CROWE, DENISE
Address	1070 AZALEA DR.
City-State-Zip:	ROSWELL GA 30075

Title	TRES
Name	BURKHALTER, KAREN
Address	4435 S. ATLANTIC AVENUE
City-State-Zip:	PONCE INLET FL 32127

Title	DIR
Name	HAGEY, SUZY
Address	4445 S. ATLANTIC AVE. #616
City-State-Zip:	PONCE INLET FL 32127

Title	DIR
Name	ONDICK, ANNA
Address	4445 S. ATLANTIC AVE
City-State-Zip:	PONCE INLET FL 32127

Title	DIRECTOR
Name	GUERCIO, MADELAINE
Address	4445 SOUTH ATLANTIC AVENUE #202
City-State-Zip:	PONCE INLET FL 32127

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.

SIGNATURE: NANCY ARGO PRESIDENT 03/20/2013

Electronic Signature of Signing Officer/Director Detail — Date