2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2018
Secretary of State
CC2693739569

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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: No

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	ONDICK, ANNA
Address	4445 S. ATLATIC AVE. #502
City-State-Zip:	PONCE INLET FL 32127

Title	VP
Name	ULIANO, JILL
Address	1044 BEARDED OAKS
City-State-Zip:	LONGWOOD FL 32779

Title	SEC
Name	COLE, JANE
Address	4256 TIDEWATER DR.
City-State-Zip:	ORLANDO FL 32812

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

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

Title	DIR
Name	HITE, CHRIS
Address	4445 S. ATLANTIC AVE #106
City-State-Zip:	PONCE INLET FL 32127

Title	DIRECTOR
Name	WILLIAMSON, MICHEAL
Address	4445 SOUTH ATLANTIC AVENUE #206
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: ANNA ONDICK PRESIDENT 01/24/2018

Electronic Signature of Signing Officer/Director Detail — Date