

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741183

**Entity Name:** SEA PALMS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3200 NORTH A1A  
FT. PIERCE, FL 34949**Current Mailing Address:**3200 NORTH A1A  
FT. PIERCE, FL 34949**FEI Number:** 59-1870269**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCKINNON, CHARLES WESQ.  
3055 CARDINAL DRIVE #302  
VERO BEACH, FL 32963 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	PD
Name	CLEMENTS, CAROL
Address	3200 NORTH A1A
City-State-Zip:	FT. PIERCE FL 34949

Title	VPD
Name	GRANGE, TERRY
Address	3200 NORTH A1A
City-State-Zip:	FT. PIERCE FL 34949

Title	SD
Name	TREMBLAY, RICHARD
Address	3200 NORTH A1A
City-State-Zip:	FT. PIERCE FL 34949

Title	TD
Name	GERBER, BILL
Address	3200 NORTH A1A
City-State-Zip:	FT. PIERCE FL 34949

Title	D
Name	PALATUCCI, LYNN
Address	3200 NORTH A1A
City-State-Zip:	FT. PIERCE FL 34949

Title	D
Name	SARVIS, GLEN
Address	3200 NORTH A1A
City-State-Zip:	FT. PIERCE FL 34949

Title	D
Name	ZADA, RENE
Address	3200 NORTH A1A
City-State-Zip:	FT. PIERCE FL 34949

*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:** CAROL CLEMENTS**PRESIDENT****03/17/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date