

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005397

**Entity Name:** SEA DIP BEACH RESORT CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 10, 2020**  
**Secretary of State**  
**8298633713CC**

**Current Principal Place of Business:**

C/O TRURESULTS COMMUNITY MGMT  
PO BOX 290537  
PORT ORANGE, FL 32129

**Current Mailing Address:**

C/O TRURESULTS COMMUNITY MGMT  
PO BOX 290537  
PORT ORANGE, FL 32129 US

**FEI Number: 59-3431526**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RICHARDSON, CYNTHIA  
C/O TRURESULTS COMMUNITY MGMT  
PO BOX 290537  
PORT ORANGE, FL 32129 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: CYNTHIA RICHARDSON**

**03/10/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GAMEN, CRAIG C  
Address        C/O TRURESULTS COMMUNITY  
                  MGMT  
                  PO BOX 290537  
City-State-Zip: PORT ORANGE FL 32129

Title            VP  
Name            ANDERSON, KATHY  
Address        C/O TRURESULTS COMMUNITY  
                  MGMT  
                  PO BOX 290537  
City-State-Zip: PORT ORANGE FL 32129

Title            TREASURER  
Name            PHILLIPS, ROBERT  
Address        C/O TRURESULTS COMMUNITY  
                  MGMT  
                  PO BOX 290537  
City-State-Zip: PORT ORANGE FL 32129

Title            SECRETARY  
Name            WHITE, JOANN  
Address        C/O TRURESULTS COMMUNITY  
                  MGMT  
                  PO BOX 290537  
City-State-Zip: PORT ORANGE FL 32129

Title            DIRECTOR  
Name            HUGAR, JERRY  
Address        C/O TRURESULTS COMMUNITY  
                  MGMT  
                  PO BOX 290537  
City-State-Zip: PORT ORANGE FL 32129

*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: CRAIG GAMEN**

**PRESIDENT**

**03/10/2020**

Electronic Signature of Signing Officer/Director Detail

Date