

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725606** (8)

1. Corporation Name

**SEA PINES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>6925-6951 GULF OF MEXICO DR. LONGBOAT KEY FL 34226 US</b>		Mailing Address <b>5500 MARINA DR SUITE ONE HOLMES BEACH FL 34217 US</b>	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/20/1973</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-1482572</b>	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	25	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SOKOL, C. ROBERT 6951 GULF OF MEXICO DR SARASOTA FL 33577</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
		<b>FL</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	<b>DP ECKEL, DAVID</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>DP</b>
STREET ADDRESS	<b>2217 GULF DR</b>	1.3 STREET ADDRESS	<b>Truitt, Gloria</b>
CITY-ST-ZIP	<b>BRADENTON BCH FL</b>	1.4 CITY-ST-ZIP	<b>6945 Gulf of Mexico #11</b>
TITLE	NAME	2.1 TITLE	2.2 NAME
	<b>D LONGINO, ELAINE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Longboat Key FL</b>
STREET ADDRESS	<b>1500 NW 18TH AVE #248</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
	<b>D SPRINGER, ROBERT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D Sec.</b>
STREET ADDRESS	<b>5425 MARINA COVE</b>	3.3 STREET ADDRESS	<b>Tim Carroll</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	3.4 CITY-ST-ZIP	<b>21916 Avalon Dr.</b>
TITLE	NAME	4.1 TITLE	4.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Rocky River, Ohio 44106</b>
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D Treasurer</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Harold Stein</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>11 Dover Drive</b>
TITLE	NAME	6.1 TITLE	6.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Oakbrook, IL 60521</b>
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gloria Truitt* 4/27/98

CR2E037 (10/97)