

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90245 012 ****61.25

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DOCUMENT # 725606

1. Corporation Name

SEA PINES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6925-6951 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228
US

Mailing Address

5500 MARINA DR
SUITE ONE
HOLMES BEACH FL 34217
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/20/1973

4. FEI Number

59-1482572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SOKOL, C. ROBERT
6951 GULF OF MEXICO DR
SARSOTA FL 33577

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DP
STREET ADDRESS TRUIT, G
CITY-ST-ZIP 6948 GULF OF MEXICO 11
LONGBOAT KEY FL

TITLE ☒ DELETE
NAME DS
STREET ADDRESS CARROLL, T
CITY-ST-ZIP 21916 AVALON DR
ROCKY-RIVER OH 44106

TITLE ☐ DELETE
NAME DP
STREET ADDRESS STEIN, H
CITY-ST-ZIP 11 DOVER DR
OAKBROOK IL 60521

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME TOM FOSTER
1.3 STREET ADDRESS P.O. Box 327
1.4 CITY-ST-ZIP YORKTOWN VA. 23690

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME BOB ERKINE
2.3 STREET ADDRESS 8001 GRAVES RD.
2.4 CITY-ST-ZIP CINCINNATI OH 45243

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME ALAN GIKER
3.3 STREET ADDRESS 7400 S. SERENDA DR.
3.4 CITY-ST-ZIP SARASOTA, FL. 34241

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Harold Stein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 630 572 9387
Date Daytime Phone #

CR2E037- (11/98)