


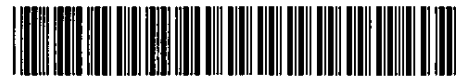
# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90160 004 \*\*\*\*61.25

<b>DOCUMENT # 725816</b>	
1. Entity Name <b>S.C. CONDOMINIUM, INC.</b>	

Principal Place of Business <b>4445 SOUTH ATLANTIC AVENUE PONCE INLET FL 32127</b>	Mailing Address <b>4445 SOUTH ATLANTIC AVENUE PONCE INLET FL 32127</b>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc. <b>#104</b> City & State  Zip Country
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1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-1564467</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MARKETTE, FRAN 4445 SOUTH ATLANTIC AVE. 706 PONCE INLET FL 32127</b>	7. Name and Address of New Registered Agent Name <b>Gibbs, HARRIS N.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4435 S. ATLANTIC AVENUE #512</b> City <b>Ponce Inlet</b> FL Zip Code <b>32127</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Harris N. Gibbs **23 February 2005**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARKETTE, EVAN 4445 S. ATLANTIC AVE PONCE INLET FL 32127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GIBBS, HARRIS N. 4435 S. ATLANTIC AVENUE, #511 PONCE INLET FL 32127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VANAKIN, EDWARD 4435 SOUTH ATLANTIC AVE. PONCE INLET FL 32127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D HOLLINGSWORTH, GREG 902 KUSHIWAH CREEK COURT CHARLESTON, SC 29412 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAGEY, SUZY 4445 S. ATLANTIC AVE PONCE INLET FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BRIDEWELL, PATRICIA S. 4435 S. ATLANTIC AVENUE, #512 PONCE INLET FL 32127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BABCOCK, GEORGE 324 OAK ESTATES DR ORLANDO FL 32806 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D DNDICK, ANNA 989 GREENTREE DRIVE WINTER PARK, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEEGHON, JACK PO BOX 146 MARBLE HILL GA 30148 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, JOHN 4445 S. ATLANTIC AVENUE, #702 PONCE INLET FL 32127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLTON, FRAN 1250 HENRY BALCH DRIVE ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.


SIGNATURE: Harris N. Gibbs **23 February 2005** (386) 322-1153  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

ATTACHMENT

Page 2

400 278 31

<b>DOCUMENT # 725816</b> 1. Entity Name S.C. CONDOMINIUM, INC.					
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2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1564467	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  MARKETTE, FRAN 4445 SOUTH ATLANTIC AVE. 706 PONCE INLET FL 32127				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make Check Payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARKETTE, EVAN 4445 S. ATLANTIC AVE PONCE INLET FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGEY, SUZY 4445 S. ATLANTIC AVENUE, #103 PONCE Inlet FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VANAKIN, EDWARD 4435 SOUTH ATLANTIC AVE. PONCE INLET FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BABCOCK, GEORGE 324 OAK ESTATES DR ORLANDO FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEEGHON, JACK PO BOX 146 MARBLE HILL GA 30148	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					