2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#725816

Entity Name: S.C. CONDOMINIUM, INC.

FILED Jan 24, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

4445 SOUTH ATLANTIC AVENUE

#104

PONCE INLET, FL 32127

New Mailing Address: Current Mailing Address:

4445 SOUTH ATLANTIC AVENUE #104 PONCE INLET, FL 32127

FEI Number: 59-1564467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

OPELT, MARTHA C PIERCE, BARBARA C 4445 S ATLANTIC AVE 4445 S ATLANTIC AVE

#104 #104

PONCE INLET, FL 32127 US PONCE INLET, FL 32127 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: BARBARA C PIERCE 01/24/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES PRES () Delete (X) Change () Addition HOLLINGSWORTH, ALAN G Name: ZUBER, ROBERT Name:

1006 JAMSIE COVE DRIVE Address: P.O. BOX 5482 Address: CHARLESTON, SC 29412 City-St-Zip: City-St-Zip: TITUSVILLE, FL 32783

Title: () Delete Title: (X) Change () Addition

HAGEY, SUZIE DR Name: ARGO, NANCY Name:

Address: 4445 S. ATLANTIC AVE #103 Address: 4445 S. ATLANTIC AVE #503 City-St-Zip: PONCE INLET, FL 32127 City-St-Zip: PONCE INLET, FL 32127

Title: SEC () Delete Title: () Change () Addition

BRIDEWELL, PATRICIA Name: Name: 4435 S. ATLANTIC AVE. #512 Address: Address: City-St-Zip: PONCE INLET, FL 32127 City-St-Zip:

Title: **TRES** () Delete Title: () Change () Addition

Name: ONDICK, ANNA Name: 989 GREENTREE DR Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip:

Title: () Delete Title: DIR (X) Change () Addition

CARLTON, FRAN BURKHALTER, KAREN Name: Name: 1250 HENRY BALCH DRIVE 4435 S. ATLANTIC AVE. #616 Address: Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: PONCE INLET, FL 32127

Title: () Delete Title: () Change (X) Addition

SUSIE, HAGEY DR Name: Name: Address: Address: 4445 S. ATLANTIC AVE #103 PONCE INLET, FL 32127 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANNA ONDICK **TRES** 01/24/2008

Electronic Signature of Signing Officer or Director

Date