

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732532** (7)
1. Corporation Name
SEA RANCH CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 5000 NORTH OCEAN BLVD. FT LAUDERDALE FL 33308	Mailing Address 5000 NORTH OCEAN BLVD. FT LAUDERDALE FL 33308-2929
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/22/1975	3a. Date of Last Report 04/18/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1657961		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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	

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	1.2 NAME	
STREET ADDRESS	MARCUS, RICHARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	4900 N OCEAN BLVD FT. LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P	2.2 NAME	
STREET ADDRESS	CARBAJAL, FERNANDO	2.3 STREET ADDRESS	
CITY-ST-ZIP	4900 N OCEAN BLVD FT. LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	3.2 NAME	
STREET ADDRESS	SHEEHAN, MARK	3.3 STREET ADDRESS	
CITY-ST-ZIP	4900 N OCEAN BLVD FT. LAUDERDALE FL 33308	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	4.2 NAME	
STREET ADDRESS	BALBONI, JOE	4.3 STREET ADDRESS	
CITY-ST-ZIP	4900 N OCEAN BLVD FT. LAUDERDALE FL 33308	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T	5.2 NAME	
STREET ADDRESS	ANSLANDER, JOE	5.3 STREET ADDRESS	
CITY-ST-ZIP	4900 N OCEAN BLVD FT. LAUDERDALE FL 33308	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S	6.2 NAME	
STREET ADDRESS	STRACK, DON	6.3 STREET ADDRESS	
CITY-ST-ZIP	4900 N OCEAN BLVD FT. LAUDERDALE FL 33308	6.4 CITY-ST-ZIP	

14. I do 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: JOE BALBONI 4/11/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034378

CR2E037 (9/96)