


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90113 036 \*\*\*\*61.25

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>   |  |  |   | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # 732532</b>  |  |   |   |   |  |
| 1. Corporation Name<br><b>SEA RANCH CLUB CONDOMINIUM ASSOCIATION, INC.</b>              |  |   |   |   |  |
| Principal Place of Business<br><b>5000 NORTH OCEAN BLVD.<br/>FT LAUDERDALE FL 33308</b> |  |   | Mailing Address<br><b>5000 NORTH OCEAN BLVD.<br/>FT LAUDERDALE FL 33308</b> |   |  |



|                                |  |                        |  |   |  |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 04/22/1975  |  |
| 22 City & State                |  | 27 City & State        |  | 4. FEI Number   |  |
| 23 Zip                         |  | 28 Zip                 |  | 59-1657961  |  |
| 24 Country                     |  | 30 Country             |  | Applied For   |  |
|                                |  |                        |  | Not Applicable  |  |
|                                |  |                        |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |  |
|                                |  |                        |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent   |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| <b>TUDZACOV AND GREENBERG P.A.</b><br><b>345 W. OAKLAND PARK BLVD</b><br><b>FT. LAUDERDALE FL 33311</b> |  |  |  | 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 <input type="checkbox"/> DELETE<br>NAME <b>PD RUSSO, DANTE</b><br>STREET ADDRESS <b>4900 N. OCEAN BLVD</b><br>CITY-ST-ZIP <b>FT. LAUDERDALE FL 33308</b> |  |  |  | 1.1 TITLE <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME <b>DR. CLARK M. CLURE</b><br>1.3 STREET ADDRESS <b>5100 N. OCEAN BLVD</b><br>1.4 CITY-ST-ZIP <b>LBTS, FL 33308</b> |  |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>SD GADRY, MARY</b><br>STREET ADDRESS <b>4900 N OCEAN BLVD</b><br>CITY-ST-ZIP <b>FT. LAUDERDALE FL 33308</b>   |  |  |  | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP  |  |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>T SHEEHAN, MARK</b><br>STREET ADDRESS <b>5100 N. OCEAN BLVD</b><br>CITY-ST-ZIP <b>FT. LAUDERDALE FL 33308</b> |  |  |  | 3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME <b>DANTE RUSSO</b><br>3.3 STREET ADDRESS <b>4900 N. OCEAN BLVD</b><br>3.4 CITY-ST-ZIP <b>LBTS, FL 33308</b>                  |  |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>VD WOJAK, NANCY</b><br>STREET ADDRESS <b>5000 N. OCEAN BLVD</b><br>CITY-ST-ZIP <b>FT. LAUDERDALE FL 33308</b> |  |  |  | 4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME <b>JAMES PENTA</b><br>4.3 STREET ADDRESS <b>5700 N. OCEAN BLVD</b><br>4.4 CITY-ST-ZIP <b>LBTS, FL 33308</b>                  |  |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>D SCANCARELLI, JOE</b><br>STREET ADDRESS <b>5000 N OCEAN BLVD</b><br>CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>     |  |  |  | 5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME <b>JOSEPH BABONI</b><br>5.3 STREET ADDRESS <b>5000 N. OCEAN BLVD</b><br>5.4 CITY-ST-ZIP <b>LBTS, FL 33308</b>                |  |  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>VD FASTON, IRWIN</b><br>STREET ADDRESS <b>4900 N OCEAN BLVD</b><br>CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>       |  |  |  | 6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME <b>OLIVER PARKER</b><br>6.3 STREET ADDRESS <b>4900 N. OCEAN BLVD</b><br>6.4 CITY-ST-ZIP <b>LBTS, FL 33308</b>                |  |  |  |

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (11/98)