## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997

STREET ADDRESS

CITY-ST-ZIP

**FILED** AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). Sep 25 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 **DIVISION OF CORPORATIONS** DOCUMENT # (2)733360 SEA ISLE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1101 W. OCEAN DRIVE P. O. BOX 510151 P.O.BOX 151 **KEY COLONY BEACH FL 33051** DO NOT WRITE IN THIS SPACE KEY COLONY BEACH FL 33051 3. Date incorporated or Qualified 3a. Date of Last Report 07/23/1975 02/07/1996 2. Principal Place of Business 4. FEI Number Malling Address 2a. Applied For 59-2252200 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible □ No Personal Property Tax due June 30. 24 25 22 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MURRAY KENNEDY, THOMAS Street Address (P.O. Box Number is Not Acceptable) 82 1101 OCEAN DRIVE WEST 83 KEY COLONY BEACH FL 33051 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change TITLE NAME LYNCH, JEANNE 1.2 NAME 1101 OCEAN DRIVE STREET ADDRESS 1.3 STREET ADDRESS KEY COLONY BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SENDECKI, MARTIN 2.2 NAME NAME 1101 OCEAN DRIVE STREET ADDRESS 23 STREET ADDRESS KEY COLON BEACH FL CITY-81-ZIP 2.4 CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE THOMAS, SHARON NAME 3.2 NAME 1101 OCEAN DRIVE STREET ADDRESS 3.3 STREET ADDRESS KEY COLONY BEACH FL CITY-ST-ZIP 3.4. CITY+S1-ZIP DELETE Change TITLE 4,1 TITLE Addition MURRAY GLBERT NAME KENNEDY, THOMAS 4.2 NAME 1161 OCEAN DR 1101 OCEAN DRIVE WEST STREET ADDRESS 4.3 STREET ADDRESS KEY COLONY BEACH FL KEY COLONYBEADH, FO CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE Change TITLE NAME 6.2 NAME

**6.3 STREET ADDRESS** 

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

REPRESIDENT

8-21-97