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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733360

1. Corporation Name
SEA ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1101 W. OCEAN DRIVE P.O.BOX 151 KEY COLONY BEACH FL 33051	P. O. BOX 510151 KEY COLONY BEACH FL 33051 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/23/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2252200 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GILBERT, MURRAY
1101 OCEAN DRIVE WEST
KEY COLONY BEACH FL 33051

10. Name and Address of New Registered Agent

81 Name: Charlotte S Pierce
82 Street Address (P.O. Box Number is Not Acceptable): 8042 Porpoise Dr.
83: Marathon
84 City: FL 85 Zip Code: 33050

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: Charlotte S Pierce — 2/1/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LYNCH, JEANNE		1.2 NAME		
STREET ADDRESS	1101 OCEAN DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY COLONY BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SENDECKI, MARTIN		2.2 NAME		
STREET ADDRESS	1101 OCEAN DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY COLON BEACH FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, SHARON		3.2 NAME		
STREET ADDRESS	1101 OCEAN DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	KEY COLONY BEACH FL		3.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GILBER, MURRAY		4.2 NAME		
STREET ADDRESS	1101 OCEAN DRIVE WEST		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEY COLONY BEACH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME			5.2 NAME	Kory Pinnow	
STREET ADDRESS			5.3 STREET ADDRESS	1101 Ocean Dr. W	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Key Colony Beach. FL 33051	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: [illegible] SIGNATURE REQUIRED — 2/1/99 — 305.743.4994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #