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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **749225** **(9)**

1. Corporation Name

SANTA CLARA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3312 NORTHSIDE DRIVE KEY WEST FL 33040	3312 NORTHSIDE DRIVE KEY WEST FL 33040-4120

3. Date Incorporated or Qualified: **10/08/1979**
3a. Date of Last Report: **04/29/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-1940755** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PARKER, DEREK
815 PEACOCK PLAZA
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name: Marilyn Wild
82 Street Address (P.O. Box Number is Not Acceptable): c/o Coldwell Banker Realty
83: 2720 A N. Roosevelt Blvd
84 City: Key West **FL** 85 Zip Code: 33040

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: [signature] DATE: 4/18/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VP~~	☐ DELETE	1.1 TITLE	VP Director	☒ Change ☐ Addition
NAME	~~RITTER, PATRICK~~		1.2 NAME	Karen Taddeo	
STREET ADDRESS	~~3312 NORTHSIDE DRIVE #511~~		1.3 STREET ADDRESS	3312 NorthsideDr #205	
CITY-ST-ZIP	~~KEY WEST FL~~		1.4 CITY-ST-ZIP	KeyWest, FL 33040	
TITLE	P	☐ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	GOUGH, ROSS		2.2 NAME	Ronald Sawyer	
STREET ADDRESS	3312 NORTHSIDE DR #416		2.3 STREET ADDRESS	1218 Leau St	
CITY-ST-ZIP	KEY WEST FL		2.4 CITY-ST-ZIP	Key West, FL 33040	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILD, MARILYN		3.2 NAME		
STREET ADDRESS	3312 NORTHSIDE DRIVE #607		3.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HAMEL, SIEGRID		4.2 NAME		
STREET ADDRESS	1502 BERTHA ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GARCIA ANITA		5.2 NAME		
STREET ADDRESS	3312 NORTHSIDE DRIVE #716		5.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BRINGELSON, WILLIAM		6.2 NAME		
STREET ADDRESS	3312 NORTHSIDE DRIVE 310		6.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: [signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0024584