

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:12

DOCUMENT # 749406 (5)

1. Corporation Name

SEA FERN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3807 S. ATLANTIC AVE.
DAYTONA BEACH SHORES FL 32127

3807 S. ATLANTIC AVE.
DAYTONA BEACH SHORES FL 32127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1979

3a. Date of Last Report

04/05/1994

4. FEI Number

59-2086173

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~HILLIARD, SHARON
3141 SW 1ST AVE
OCALA FL 32674~~

81 Name

KENNETH IRVINE

82 Street Address (P.O. Box Number is Not Acceptable)

3807 S. ATLANTIC AVE #101

83

84 City

DAYTONA BEACH SHORES

FL

85 Zip Code

32127

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Kenneth Irvine

KENNETH IRVINE V/D

2/15/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	EDWARDS, ALFREDA
STREET ADDRESS	BOX 7A RR 1
CITY-ST-ZIP	SMITH FALLS ON
TITLE	SD
NAME	HILLIARD, SHARON
STREET ADDRESS	3141 SW 1ST AVE
CITY-ST-ZIP	OCALA FL
TITLE	T
NAME	FORBERG, GARRY
STREET ADDRESS	3807 S ATLANTIC AVE
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	DP
NAME	WOLL, DORIS
STREET ADDRESS	1876 WILLOW AVE
CITY-ST-ZIP	WILLOW GROVE PA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	VD	☒ Change ☐ Addition
1.2 NAME	KENNETH IRVINE	
1.3 STREET ADDRESS	3807 S. ATLANTIC AVE #101	
1.4 CITY-ST-ZIP	DAYTONA BEACH SHORES, FL	
2.1 TITLE	SD	☒ Change ☐ Addition
2.2 NAME	JUDITH MITCHELL	
2.3 STREET ADDRESS	3807 S ATLANTIC AVE #404	
2.4 CITY-ST-ZIP	DAYTONA BEACH SHORES, FL	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gary Forberg GARY FORBERG TREAS

2/15/95 (904) 788-2230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTONA PHONE #