FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 749406

(5)

SEA FERN CONDOMINIUM ASSOCIATION, INC.							
						<u> </u>	
Principal Place	of Business	Mailing Address				A DIN BARA DIDIN D	
3807 S. ATLANTIC AVE. DAYTONA BEACH SHORES FL 32127 DAYTONA BEACH SHORES FL 32127							
					3. Date Incorporated or Qualified 10/19/1979	3a. Date of La 02/20	
—	ace of Business	2a. Mailing Address		·	4. FEI Number 59-2086173		Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			09/2000110		Not Applicable 75 Additional
		27	Control of the second		5. Certificate of Status Desired		e Required
City & State		City & State	City & State		6. Election Campaign Financing	_ \$5	.00 May Be
23		28	· • · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution		ded to Fees
Ζφ 24	Country 25	Zip	Country		8. This corporation has liability for in		s. 199.032,
24	9. Name and Address of Curre	29 nt Registered Agent	30		Florida Statutes 10. Name and Address of New Re	Yes No	
			81	Name A4			
IRVINE, KENNETH 82 3				Street Address	MITCHELL JUDITH at Address (P.O. Box Number is Not Acceptable)		
3807 S. ATLANTIC AVE #101				3807 S. ATLANTIC AVE #404			
DAYTON	NA BEACH SHORES FL 32127		83				
			84	Cityo		85	Zip Code
44 5				UAYTU	NO BRACH SHORES	FL 1.	32/27
11. Pursuant t or register	o the provisions of Sections 617.050: ed agent, or both, in the State of Flor	2 and 617.1508, Florida Statute ida. Such change was authorize	es, the above-red by the corp	named corporat oration's board	ion submits this statement for the purp of directors. I hereby accept the appo	cose of changing its intment as register	s registered office led agent. I am
familiar wit	th, and accept the obligations of Sec	tion 617.0503, Florida Statutes.				1/2 1	
SIGNATURE (Strature, typed or printed remine of registered agen	CUV		MITCHE t signature required v		1/20/96	<u>, </u>
12.	/	ID DIRECTORS	13.	. agrada jogano i	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	TORS IN 12
TITL€	VD	DELETE	1 1 TITLE	PO		☐ Change	e 🔀 Addition
NAME	irvine, Kenneth	•	1.2 NAME				·
STREET ADDRESS	3807 S. ATLANTIC AVE. #10		1.3 STREET	ADDRESS 33	SUUSET LANG		
CITY-ST-ZIP	DAYTONA BEACH SHORES		1.4 CITY- S		11TTOWN N.Y. 1173	56	
TITLE	SD MITCHE (MDITH	DELETE	21 TITLE	V)	Change	e 🔲 Addition
NAME	MITCHEL, JUDITH	n4	22 NAME	141	TCHELL, JUDITH O7 SATLANTIC AVE	-41154	
STREET ADDRESS	3807 S. ATLANTIC AVE. #40 DAYTONA BEACH SHORES		2.3 STREET	ADDRESS 3 8	07 SATLANTIC AVE	#407	פבו
CITY-ST-ZIP TITLE	T DATIONA BEACH SHORES	T OELETE	2. 4 CiTY-5 3.1 TiTLE	1 - 4 '	TOM BEACH SHORE	s F∠ 3 a. □Change	
NAME	FORBERG, GARRY	Morrer	3.2 NAME		INE CANDAGE		, sudition
STREET ADDRESS	3807 S ATLANTIC AVE		3.3 STAEET	ADDRESS 39	UNE CANDAGE by 5 Atlantic ave	#101	
CITY-ST-ZIP	DAYTONA BEACH FL		3.4. CITY-S	T-ZIP	ITONA BEACH SHORE	S FG 34	/27
TITLE	DP	DELETE	4.1 TITLE	S		☐ Change	
NAME	WOLL, DORIS	, ,	4. 2 NAME	THE	EISS JOANN		
STREET ADDRESS	1876 WILLOW AVE		4.3 STREET	ADDRESS 144	FISS, JOANN 29 COUNTRY BETATE	DR.	
CITY-ST-ZIP	WILLOW GROVE PA		4.4 CITY - S	T-ZIP WIA	TER GARDEN, FL	32787	
TETLE		DELETE	5.1 TITLE	7	-	Change	e 🔣 Addition
NAME			5.2 NAME	76	UNIS, HELEN 5 OLOLU DR. UTER PARK FL		
STREET ADDRESS			5.3 STREET	ADDRESS 53:	OLOLU DR.	3 0 0 0 0	
CITY-ST-ZIP		PIDECETE	5.4 CITY - S	T-ZIP WIJ	uter park FL	32789	
TITLE KAME		DELETE	6.1 TITLE			Change	e 🔲 Addition
NAME expect annocce			6.2 NAME	ADDRESS			j
STREET ADDRESS			6.3 STREET				
14. Ldo hereb	v certify that the information supplied	with this filing is voluntarily furni	6.4 CITY - S shed and does		the exemption stated in Section 119 (17/31/b) Florida Stat	tutes I further

recommency certify that the information supplied with this tiling is voluntarily turnished and does not quality for the exemption stated in Section 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/9L