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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 321273807 S. ATLANTIC AVE.
DAYTONA BEACH SHORES FL 32127-57573. Date Incorporated or Qualified
10/19/19793a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2086173

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

MITCHELL, JUDITH
3807 S ATLANTIC AVE, #404
DAYTONA BEACH SHORES FL 32127

81 Name

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

83

84 City

FL

85 Zip Code

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, 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
NAME FORTUNA, FRANK
STREET ADDRESS 33 SUNSET LANE
CITY-ST-ZIP LEVITTOWN NY1.1 TITLE
1.2 NAME D WOLL, DORIS
1.3 STREET ADDRESS 28 WILLIAMS WAY
1.4 CITY-ST-ZIP SELLERSVILLE PA 18960TITLE VD
NAME MITCHELL, JUDITH
STREET ADDRESS 3807 S. ATLANTIC AVE. #404
CITY-ST-ZIP DAYTONA BEACH SHORES FL2.1 TITLE
2.2 NAME S
2.3 STREET ADDRESS SAVIN, PAULETTE
2.4 CITY-ST-ZIP 7000 SUMMERFIELD DR
FREDERICK MD 21701TITLE D
NAME IRVINE, CANDACE
STREET ADDRESS 3807 S ATLANTIC AVE, #101
CITY-ST-ZIP DAYTONA BEACH FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE S
NAME THEISS, JOANN
STREET ADDRESS 14229 COUNTRY ESTATE DR
CITY-ST-ZIP WINTER GARDEN FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE T
NAME TENNIS, HELEN
STREET ADDRESS 525 OLOLU DR
CITY-ST-ZIP WINTER PARK FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
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.

SIGNATURE:

Helen L. Tennis Treas. HELEN TENNIS

407-647-3925

CR2E037 (9/96)