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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752323** (6)

1. Corporation Name

SEA VILLA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1425 A1A SATELLITE BEACH FL 32937		Mailing Address 1425 A1A SATELLITE BEACH FL 32937		3. Date Incorporated or Qualified 05/05/1980	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		4. FEI Number 59-2058426 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUSTAFSON, REBECCA B
1425 A1A HIGHWAY UNIT 11
SATELLITE BEACH FL 32937**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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	1.1 TITLE	PD
NAME	OMLER, DAVID	1.2 NAME	Gustafson, Rebecca B.
STREET ADDRESS	1425 A1A #23	1.3 STREET ADDRESS	1425 A1A Unit 11
CITY-ST-ZIP	SATELLITE BEACH FL	1.4 CITY-ST-ZIP	Satellite Bch, FL 32937
TITLE	VPD	2.1 TITLE	VPD
NAME	BURNS, DENNIS	2.2 NAME	Beatty, Frank
STREET ADDRESS	1425 A1A #5	2.3 STREET ADDRESS	1425 A1A Unit 7
CITY-ST-ZIP	SATELLITE BEACH FL	2.4 CITY-ST-ZIP	Satellite Beach, FL 32937
TITLE	T	3.1 TITLE	
NAME	GUSTAFSON, REBECCA B	3.2 NAME	
STREET ADDRESS	1425 A1A #11	3.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	ROBBINS, CHARLES	4.2 NAME	
STREET ADDRESS	1740 BASIN ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BEATTY, FRANK	5.2 NAME	Burns, Dennis
STREET ADDRESS	1425 A1A #7	5.3 STREET ADDRESS	1425 A1A Unit 5
CITY-ST-ZIP	SATELLITE BEACH FL	5.4 CITY-ST-ZIP	Satellite Beach, FL 32937
TITLE	S	6.1 TITLE	
NAME	FISCHER, LYNN	6.2 NAME	
STREET ADDRESS	1425 A1A #3	6.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Rebecca B. Gustafson
Rebecca B. Gustafson
407-777-4661

CR2E037 (10/97)