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

APPROVED AND FILED
95 MAR 16 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 760419 (2)

1. Corporation Name
L'ECUME DE MER OF MELBOURNE BEACH OWNERS ASSOCIA TION, INC.

Principal Place of Business
3045 S. HWY A1A
APT. #202
MELBOURNE BCH. FL 32951

Mailing Address
3045 S. HWY A1A
APT. #202
MELBOURNE BCH. FL 32951

3. Date Incorporated or Qualified: 10/14/1981
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-2510708 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 3045 S Hwy A1A
Suite, Apt. #, etc.
22 ——
City & State
23 MELBELTNOURNE BCH FL
Zip
24 32951
Country
25 BREVARD

2a. Mailing Address
26 3045 S Hwy A1A
Suite, Apt. #, etc.
27 ——
City & State
28 MELBOURNE BEACH FL
Zip
29 32951
Country
30 BREVARD

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
WILDMAN, DAVID
85 WEST NEW HAVEN AVE
MELBOURNE FL 32901

10. Name and Address of New Registered Agent
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 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NEWMAN, GERALD
STREET ADDRESS	3045 S A1A #501
CITY-ST-ZIP	MELB BCH, FL 00000
TITLE	~~STD~~
NAME	~~DENTON, RG~~
STREET ADDRESS	~~3045 S A1A #202~~
CITY-ST-ZIP	~~MELB BCH. FL~~
TITLE	~~VD~~ STD
NAME	CROWLEY, C.S.
STREET ADDRESS	3045 S HWY A1A #301
CITY-ST-ZIP	MELBOURNE BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	CLARK, CARL VPD	☑ Change ☐ Addition
2.2 NAME	3045 S A1A # 402	
2.3 STREET ADDRESS	MELB BCH FL 32951	
2.4 CITY-ST-ZIP		
3.1 TITLE	SECRETARY/TREASURER/ DIRECTOR	☑ 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 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: C.S. Crowley C.S. CROWLEY, S/T/D 3/12/95 407 676 1931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0004800