


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 760419 | | | | | |
| 1. Corporation Name L'ECUME DE MER OF MELBOURNE BEACH OWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 3045 S HWY A1A MELBOURNE BCH. FL 32951 US | | Mailing Address 3045 S HWY A1A MELBOURNE BCH. FL 32951 US | | | |
| 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 | | 3. Date Incorporated or Qualified 10/14/1981 4. FEI Number 59-2510708 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 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 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 <input type="checkbox"/> DELETE NAME PD NEWMAN, GERALD STREET ADDRESS 3045 S A1A #501 CITY-ST-ZIP MELB BCH, FL 00000 | | | 1.1 TITLE PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | |
| TITLE <input checked="" type="checkbox"/> DELETE NAME VPD PRICE, TOM STREET ADDRESS 3045 S HWY A1A #402 CITY-ST-ZIP MELB BCH. FL 32951 | | | 2.1 TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME TELL, L. 2.3 STREET ADDRESS 3045 S. HWY A1A #202 2.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME TD BECPFSKI, R A STREET ADDRESS 3045 S A1A HWY. #301 CITY-ST-ZIP MELBOURNE BCH FL 32951 | | | 3.1 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME BECOF SKE, R.A. 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | |
| TITLE <input checked="" type="checkbox"/> DELETE NAME SD YOUNG, DONNA STREET ADDRESS 3045S HWY A1A #302 CITY-ST-ZIP MELB BCH FL 32951 | | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

R. A. SBEOTBSKERE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99
Date

407-884-7806
Daytime Phone #

CR2E037 (11/98)