## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 02, 2007 8:00 am Secretary of State

04-02-2007 90098 016 \*\*\*\*61.25

## **DOCUMENT #761566**

1. Entity Name 1616 - SEA COVE CONDOMINIUM ASSOCIATION, INC.



				1	20 MI TH					
Principal Place of Business C/O ELLIOTT MANAGEMENT 835 20TH PL VERO BEACH, FL 32960 US			Mailing Address C/O ELLIOTT MANAGEMENT 835 20TH PL VERO BEACH, FL 32960 US				. ( 3 ° ° 110 111 111 111 111 111	13 <b>8</b> (82) 8(83) 838		(  <b>                                   </b>
2. Principal Place of Business - No P.O. Box #		Box # 3. Mail	3. Mailing Address							
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			02092007	Chg-NP	CR2E03	37 (12/06)	
City & State		Cit	City & State		4. FEI Number Applied For 59-2579999 Not Applicable					
Zip	Country	Zip		Coun	5. Certificate of Status Desired S8.75 Additional Fee Required					
· ·	6. Name and Address	of Current Registere	d Agent			7. Name and	Address of New R	Registered A	Agent	_
					Name	-				
MERRILL, KAREN ELLIOTT MERRILL COMMUNITY MGMT 635 20TH PL				-	Street Address (P.O. Box Number is Not Acceptable)					
VERO BEA	ACH, FL 32960			-	Ca				130.00	
					City			FL	Zip Code	}
	named entity submits this sons of registered agent.	statement for the purp	ose of changing its	registered	d office or regist	tered agent, or bot	h, in the State of Flo	orida. Lam	lamiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of r	registered agent and title if app	olicable. (NOTE	: Registered	Agent signature requi	ired when reinstating)		DATE	<del></del>	
	Filing Fee is \$61.25 Due by May 1, 2007		9. Election Car Trust Fund C		-	\$5.00 May B Added to Fees	<del>0</del> 1		payable to	
10.	OFFICE	RS AND DIRECTORS		11.		ADDITIONS/CH	ANGES TO OFFICE	RS AND DI	RECTORS IN	10
TITLE	PD		Delete	TITLE	15	<del></del>	*****		☐ Change	Addition
	LYONS, DONALD		Delete	NAME	Ch	ris Van	Arsdale		☐ Change	Addition
NAME	•	F #202			TADORESS 101	IN S OCE	an Dr #	208		
STREET ADDRESS	1700 S. OCEAN DRIV			•						
CITY-ST-ZIP	VERO BEACH, FL 32	963	<del></del>	CiTY-S	SI-ZIP VE	ro Beach	FL 3296	<u> </u>		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE</b>	:
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Froduic D. (Ses SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-09-2007

Date

Daytime Phone #