

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **765978** (2)
1. Corporation Name
BY-THE-SEA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2611 GULF DRIVE SANIBEL FL 33957	Mailing Address 2440 PALM RIDGE RD C O ISLAND FINANCIAL SANIBEL FL 33957-3232
--	---

3. Date Incorporated or Qualified 12/03/1982	3a. Date of Last Report 03/07/1996
--	--

2. Principal Place of Business 21	2a. Mailing Address 26
---	----------------------------------

4. FEI Number 59-2241119	Applied For ☐	Not Applicable ☒
------------------------------------	---	---

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
----------------------------------	----------------------------------

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
--	---

City & State 23	City & State 28
---------------------------	---------------------------

6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
---	--

Zip 24	Country 25	Zip 29	Country 30
------------------	----------------------	------------------	----------------------

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

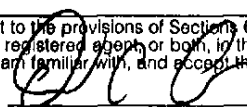
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OWENS, DAVID A
2440 PALM RIDGE ROAD
SANIBEL FL 33957**

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  **DAVID A. OWENS** **6/17/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

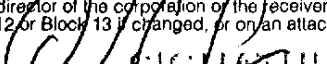
12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	SCHORK, JOHN	
STREET ADDRESS	751 DEED WATER DR	
CITY-ST-ZIP	OXFORD MD 21654	
TITLE	AT	☐ DELETE
NAME	OWENS, DAVID A	
STREET ADDRESS	2440 PALM RIDGE RD	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	TD	☐ DELETE
NAME	SMITH, BETTY	
STREET ADDRESS	6833 PARKWOOD RD	
CITY-ST-ZIP	ENINA MI	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ 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 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.

 **DAVID A. OWENS** **6/17/97** **941-473-1439**

CR2E037 (9/96)