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Apr 17 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 # 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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/03/1982

4. FEI Number

59-2241119

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

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

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	TO	☐ DELETE
NAME	SMITH, BETTY	
STREET ADDRESS	6633 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	PRESIDENT P Director	☐ Change ☒ Addition
1.2 NAME	F.O. ALBERTSON	
1.3 STREET ADDRESS	2611 W GULF DR	
1.4 CITY-ST-ZIP	SANIBEL FL 33957	

2.1 TITLE	T	☒ Change ☐ Addition
2.2 NAME	DAVE OWENS	
2.3 STREET ADDRESS	2440 PALM RIDGE	
2.4 CITY-ST-ZIP	SANIBEL FL 33957	

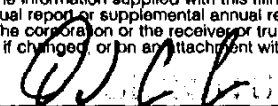
3.1 TITLE	SECRETARY / DIRECTOR	☒ Change ☐ Addition
3.2 NAME	BETTY SMITH	
3.3 STREET ADDRESS	6633 PARKWOOD RD	
3.4 CITY-ST-ZIP	ENINA MI 49436	

4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
4.2 NAME	SUE OLSON	
4.3 STREET ADDRESS	18 MONROE RD	
4.4 CITY-ST-ZIP	PORT WASHINGTON NY 11050	

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 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:  DAVID A OWENS

3/20/99

472-1439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0060067

CR2E037 (10/97)