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 15 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769727 (9)

1. Corporation Name

S. V. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
201 ESPLANADE WAY CASSELBERRY FL 32707	201 ESPLANADE WAY CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/04/1983
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2882833 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LAWLOR, PATRICIA C.
201 ESPLANADE WAY
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name: Charles W. Stewart
82 Street Address (P.O. Box Number is Not Acceptable): 524 Etna Ct. #102
83
84 City: Casselberry FL 85 Zip Code: 32707

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: Charles W Stewart — 3/10/95
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	1.1 TITLE	P/TD	☒ Change ☐ Addition
NAME	JOHNSON CHERYL	1.2 NAME	Charles W. Stewart	
STREET ADDRESS	536 CASCADE CIRCLE 100	1.3 STREET ADDRESS	524 Etna Ct. #102	
CITY-ST-ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP	Casselberry, Fl 32707	
TITLE	VD	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	HOFF, LORRAINE	2.2 NAME	Allerton Spence	
STREET ADDRESS	236 MOUNTBLNAC #102	2.3 STREET ADDRESS	224 Ranier #102	
CITY-ST-ZIP	CASSELBERRY FL	2.4 CITY-ST-ZIP	Casselberry, Fl. 32707	
TITLE	SD	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	CASHATT, JRFF	3.2 NAME	Blanche Connell	
STREET ADDRESS	534 CASCADE CIRCLE 100	3.3 STREET ADDRESS	568 Cascade Cir #108	
CITY-ST-ZIP	CASSELBERRY FL	3.4 CITY-ST-ZIP	Casselberry, Fl. 32707	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	STEWART, CHARLES	4.2 NAME		
STREET ADDRESS	524 ETNA COURT 102	4.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Charles W Stewart President/Treasurer 3/10/95 - 407-831-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030404