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FILED

Jan 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 769727 (9)

1. Corporation Name

S. V. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

201 ESPLANADE WAY  
CASSELBERRY FL 32707

Mailing Address

201 ESPLANADE WAY  
CASSELBERRY FL 32707-68753. Date Incorporated or Qualified  
08/04/19833a. Date of Last Report  
01/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

29 Country

4. FEI Number  
59-2882833Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STEWART, CHARLES W  
524 ETNA CT. #102  
CASSELBERRY FL 32707

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

Charles W Stewart

1/10/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SPENCE, ALLERTON  
STREET ADDRESS 224 RANIER #102  
CITY-ST-ZIP CASSELBERRY FL☐ DELETETITLE VTD  
NAME GERRY, JOYCE  
STREET ADDRESS 225 RANIER COVE 111  
CITY-ST-ZIP CASSELBERRY FL☐ DELETETITLE SD  
NAME CONNEL, BLANCHE  
STREET ADDRESS 568 CASCADE CIR #108  
CITY-ST-ZIP CASSELBERRY FL☐ DELETETITLE TD  
NAME GERRY, JOYCE  
STREET ADDRESS 225 RANIER COVE 111  
CITY-ST-ZIP CASSELBERRY FL☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME CASHATT, JEFF  
1.3 STREET ADDRESS 534 CASCADE #100  
1.4 CITY-ST-ZIP CASSELBERRY, FL 32707☒ Change ☐ Addition2.1 TITLE VPD  
2.2 NAME MCGIVERN, PATRICK  
2.3 STREET ADDRESS 200 ESPLANADE #106  
2.4 CITY-ST-ZIP CASSELBERRY, FL. 32707☒ Change ☐ Addition3.1 TITLE SD  
3.2 NAME HOFF, LORRAINE  
3.3 STREET ADDRESS 236 MONTE BLANC #102  
3.4 CITY-ST-ZIP CASSELBERRY, FL. 32707☒ Change ☐ Addition4.1 TITLE TD  
4.2 NAME MCGIVERN, PATRICK  
4.3 STREET ADDRESS 200 ESPLANADE #106  
4.4 CITY-ST-ZIP CASSELBERRY, FL. 32707☒ Change ☐ Addition5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP☐ Change ☐ Addition6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP☐ Change ☐ Addition

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.

SIGNATURE:

Patrick McGivern

1/10/97

Date

Daytime Phone # 0012804

CR2E037 (9/96)