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Feb 02 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA 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

Mailing Address

201 ESPLANADE WAY
CASSELBERRY FL 32707

201 ESPLANADE WAY
CASSELBERRY FL 32707

3. Date Incorporated or Qualified

08/04/1983

4. FEI Number

59-2882833

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

McELROY, FRANCES J.

82 Street Address (P.O. Box Number is Not Acceptable)

110 HAMLIN COURT N.

83

LONGWOOD, FL 32750

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 Frances J. McElroy

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME SPENCE, ALLERTON
STREET ADDRESS 224 RANIER #102
CITY-ST-ZIP CASSELBERRY FL

TITLE VTD ☐ DELETE
NAME GERRY, JOYCE
STREET ADDRESS 225 RANIER COVE 111
CITY-ST-ZIP CASSELBERRY FL

TITLE SD ☐ DELETE
NAME CONNEL, BLANCHE
STREET ADDRESS 568 CASCADE CIR #108
CITY-ST-ZIP CASSELBERRY FL

TITLE PD ☐ DELETE
NAME CASHATT, JEFF
STREET ADDRESS 534 CASCADE #100
CITY-ST-ZIP CASSELBERRY FL

TITLE VPD ☐ DELETE
NAME MCGIVERN, PATRICK
STREET ADDRESS 200 ESPLANADE #106
CITY-ST-ZIP CASSELBERRY FL

TITLE SD ☐ DELETE
NAME HOFF, LORRAINE
STREET ADDRESS 236 MONTE BLANC #102
CITY-ST-ZIP CASSELBERRY FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

VICE PRESIDENT
PATIN, CARL
542 CASCADE CIRCLE # 104
CASSELBERRY, FL 32707

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

DIRECTOR
ADJAN, MARK
3338 COLEUS CT.
WINTER PARK, FL 33792

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: [Signature] **SIGNATURE REQUIRED**

1/19/98

(407) 831-4926

CR2E037 (10/97)