


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90106 035 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 769727</b>					
1. Corporation Name <b>S. V. CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>201 ESPLANADE WAY          CASSELBERRY FL 32707</b>			Mailing Address <b>201 ESPLANADE WAY          CASSELBERRY FL 32707</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/04/1983	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2882833	
24 Country		30 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MCELROY, FRANCES J          110 HAMLIN CT.N          LONGWOOD FL 32750</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 P.O. Box 540023			
				84 City			
				85 Zip Code			
				Orlando, FL 32808			

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 Peggy J. Laman 1/13/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATIN, CARL			1.2 NAME	P		
STREET ADDRESS	542 CASCADE CIRCLE, #104			1.3 STREET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL 32707			1.4 CITY-ST-ZIP			
TITLE	VTD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	vp	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GERRY, JOYCE			2.2 NAME	DON RENNER		
STREET ADDRESS	225 RANIER COVE 111			2.3 STREET ADDRESS	532 Cascade Circle 104		
CITY-ST-ZIP	CASSELBERRY FL			2.4 CITY-ST-ZIP	Casselberry, Fl. 32707		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONNEL, BLANCHE			3.2 NAME			
STREET ADDRESS	568 CASCADE CIR #108			3.3 STREET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL			3.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CASHATT, JEFF			4.2 NAME	Ben Brody		
STREET ADDRESS	534 CASCADE #100			4.3 STREET ADDRESS	204 Esplanada Way 100		
CITY-ST-ZIP	CASSELBERRY FL			4.4 CITY-ST-ZIP	Casselberry, Fl. 32707		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCGIVERN, PATRICK			5.2 NAME	Carol Feldman		
STREET ADDRESS	200 ESPLANADE #106			5.3 STREET ADDRESS	536 Cascade Circle 102		
CITY-ST-ZIP	CASSELBERRY FL			5.4 CITY-ST-ZIP	Casselberry, Fl. 32707		
TITLE	SD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOFF, LORRAINE			6.2 NAME			
STREET ADDRESS	236 MONTE BLANC #102			6.3 STREET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL			6.4 CITY-ST-ZIP			
				6.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				6.2 NAME	John Charles		
				6.3 STREET ADDRESS	228 Everest Court 102		
				6.4 CITY-ST-ZIP	Casselberry, Fl. 32707		

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)