SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 03, 1999 8:00 am
Secretary of State
09-03-1999 90002 013 ****61.25

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DOCUMENT # N04122

1. Corporation Name
SETON COURT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
65 SETON TRAIL #2 ORMOND BEACH FL 32176-6501	65 SETON TRAIL #2 ORMOND BEACH FL 32176-6501

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	07/11/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2786139 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

RICKARD, ROY
3390 OCBANSHORE BLVD #402
ORMOND BCH FL 32176

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 _____ DATE
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	D	☐ DELETE	1.1 TITLE	L Butcher "Pres"	☐ Change ☒ Addition
NAME	MANITSAS, G		1.2 NAME		
STREET ADDRESS	65 SETON TRAIL, #14		1.3 STREET ADDRESS	65 Seton TR #9	
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP	Ormond Beach FL 32176	
TITLE	PSD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MANITSAS, J		2.2 NAME	D	
STREET ADDRESS	65 SETON TR #15		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	J Greene "D"	☐ Change ☒ Addition
NAME	WAGONER, B		3.2 NAME		
STREET ADDRESS	65 SETON TRAIL #17		3.3 STREET ADDRESS	65 Seton TR #10	
CITY-ST-ZIP	ORMOND BCH FL		3.4. CITY-ST-ZIP	Ormond Bch FL 32176	
TITLE	D	☐ DELETE	4.1 TITLE	J Smith "VP"	☐ Change ☒ Addition
NAME	DAWSON, B.		4. 2 NAME		
STREET ADDRESS	65 SETON TRAIL, #20		4.3 STREET ADDRESS	65 Seton TR #11	
CITY-ST-ZIP	ORMOND BCH. FL		4.4 CITY-ST-ZIP	Ormond Beach FL 32176	
TITLE	D	☐ DELETE	5.1 TITLE	J Bidwell "T"	☐ Change ☒ Addition
NAME	SNIDER, J.		5.2 NAME		
STREET ADDRESS	65 SETON TRAIL, #2		5.3 STREET ADDRESS	65 Seton TR #2	
CITY-ST-ZIP	ORMOND BCH FL		5.4 CITY-ST-ZIP	Ormond Bch FL 32176	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RICHARD, S.		6.2 NAME		
STREET ADDRESS	3390 OCEAN SHORE BLVD., #402		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 8/30/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)