FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07733 (1)

1. Corporation Name

SEA MATANZAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O JAMES R. SWINDELL P.O. BOX 5100 JACKSONVILLE FL 32247	C/O JAMES R. SWINDELL P.O. BOX 5100 JACKSONVILLE FL 32247

3. Date Incorporated or Qualified: 02/19/1985
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21	26 James R. Swindell
Suite, Apt. #, etc.: 22 1016 SEAWOOD DR.	Suite, Apt. #, etc.: 27 1016 SEAWOOD DR.
City & State: 23 Neptune Beach, FLA	City & State: 28 Neptune Beach, FLA
Zip: 24 32266 Country: 25 DUVAL	Zip: 29 32266 Country: 30 Duval

4. FEI Number: 59-2712397 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMPSON, KURT A.
3500 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250

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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCALES, EARL		1.2 NAME		
STREET ADDRESS	16600 SOUTH HIGHWAY 25		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEIRSDALE FL 32195		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SWINDELL, JAMES R.		2.2 NAME		
STREET ADDRESS	1016 SEAWOOD DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCDONALD, GAYLE		3.2 NAME		
STREET ADDRESS	7347-5 ELBARCO ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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)(k), 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: James R. Swindell 1/25/96 904/241-8176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES R. SWINDELL