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Feb 12 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 # N07733 (1)

1. Corporation Name
SEA MATANZAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1016 SEAWOOD DR. NEPTUN BEACH FL 32266 US	1016 SEAWOOD DR. NEPTUNE BEACH FL 32266 US

3. Date Incorporated or Qualified: 02/19/1985

4. FEI Number: 59-2712397 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 8850 AIA SOUTH	26 8850 AIA SOUTH
Suite, Apt. #, etc. 22 4	Suite, Apt. #, etc. 27 4
City & State 23 ST. AUGUSTINE FL.	City & State 28 ST. AUGUSTINE FL
Zip / Country 24 32086 / 25 US	Zip / Country 29 32086 / 30 US

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

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	PD	☒ Change ☐ Addition
NAME	SCALES, EARL		1.2 NAME	HOWARD PAINTER	
STREET ADDRESS	16600 SOUTH HIGHWAY 25		1.3 STREET ADDRESS	4569 RED HAWK CT	
CITY-ST-ZIP	WEIRSDALE FL 32195		1.4 CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	TD	☐ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	SWINDELL, JAMES R.		2.2 NAME	KIT MOORE	
STREET ADDRESS	1016 SEAWOOD DRIVE		2.3 STREET ADDRESS	8850 AIA SOUTH # 4	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		2.4 CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	MCDONALD, GAYLE		3.2 NAME	GAYLE MCDONALD	
STREET ADDRESS	7347-5 ELBARCO ROAD		3.3 STREET ADDRESS	7347-5 ELBARCO ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32216		3.4 CITY-ST-ZIP	JACKSONVILLE FL 32216-2906	
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		

CR2E037 (10/97)

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: Kit Moore KIT MOORE 1-28-98 904-461-6714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #