SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 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 # N27860 (8)

1. Corporation Name

SEA POINTE TOWERS OF FORT PIERCE PROPERTY OWNERS ' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
801 S OCEAN DR #101 % JANE CORNETT P.O. BOX 66 FT PIERCE FL 34949 US	801 S OCEAN DR #101 % JANE CORNETT P.O. BOX 66 FT PIERCE FL 34949 US

3. Date Incorporated or Qualified: 08/12/1988

4. FEI Number: 59-2499739 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 801 S. Ocean Drive	26 c/o Elliott Merrill Community Mgmt.
22 C/O Elliott Merrill Community Mgmt	27 1105 12th Street
23 1105 12th St. Vero Beach, FL	28 Vero Beach, FL
24 Zip 32960 25 Country USA	29 Zip 32960 30 Country USA

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

CORNETT, JANE
WACKEEN, CORNETT & GOOGE, PA
401 E OSCEOLA STREET
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name: Craig Merrill
82 Street Address (P.O. Box Number Is Not Acceptable): Elliott Merrill Community Mgmt
83 1105 12th Street
84 City: Vero Beach FL 85 Zip Code: 32960

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: Craig Merrill 7/26/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	Sec/Dir.	☒ Change ☐ Addition
NAME	PATAN, MARY ANNE		1.2 NAME	Jobin, Joanne	
STREET ADDRESS	801 S. OCEAN DRIVE, 502		1.3 STREET ADDRESS	801 S. Ocean Drive, # 706	
CITY-ST-ZIP	FT. PIERCE FL		1.4 CITY-ST-ZIP	Ft. Pierce, FL 34949	
TITLE	PD	☐ DELETE	2.1 TITLE	Treas./Dir.	☒ Change ☐ Addition
NAME	HETES, JAMES		2.2 NAME	Fisher, Kathy	
STREET ADDRESS	801 S OCEAN DR #501		2.3 STREET ADDRESS	801 S. Ocean Drive, # 801	
CITY-ST-ZIP	FT PIERCE FL		2.4 CITY-ST-ZIP	Ft. Pierce, FL 34949	
TITLE	SD	☐ DELETE	3.1 TITLE	Dir.	☒ Change ☐ Addition
NAME	DETERING, OLIVE		3.2 NAME	Armell, Jesse.	
STREET ADDRESS	801 S. OCEAN DR., #902		3.3 STREET ADDRESS	801 S. Ocean Drive, # 1204	
CITY-ST-ZIP	FT PIERCE FL		3.4 CITY-ST-ZIP	Ft. Pierce, FL 34949	
TITLE	D	☐ DELETE	4.1 TITLE	V.P./Dir.	☒ Change ☐ Addition
NAME	DETERING, WARRREN		4.2 NAME	Detering, Warren	
STREET ADDRESS	801 S. OCEAN DR., #902		4.3 STREET ADDRESS	801 S. Ocean Drive, #902	
CITY-ST-ZIP	FT. PIERCE FL		4.4 CITY-ST-ZIP	Ft. Pierce, FL 34949	
TITLE	D	☒ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	MCCRANE, WILLIAM		5.2 NAME		
STREET ADDRESS	801 S. OCEAN DR., #709		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE	Pres./Dir.	☒ Change ☐ Addition
NAME	SCHMITT, GERARD		6.2 NAME	Schmitt, Gerard	
STREET ADDRESS	801 S OCEAN DR #101		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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: Gerard Schmitt, President 7/28/98 561 466-2630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #