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**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90003 044 \*\*\*122.50

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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
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**DOCUMENT # N27860**

1. Corporation Name

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

Principal Place of Business

C/O ELLIOTT MERRILL COMM MGMT  
1105 12TH ST  
VERO BEACH FL 32960  
US

Mailing Address

C/O ELLIOTT MERRILL COMM MGMT  
1105 12TH ST  
VERO BEACH FL 32960  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/12/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2499739	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**MERRILL, CRAIG**  
**1105 12TH ST**  
**ELLIOTT MERRILL COMM MGMT**  
**VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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

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	DS	1.1 TITLE	JD
NAME	JOBIN, JOANNE	1.2 NAME	TOBIN, JOANNE
STREET ADDRESS	801 S OCEAN DR. #706	1.3 STREET ADDRESS	801 S. Ocean DR. # 706
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	Ft. Pierce, FL 34949
TITLE	TD	2.1 TITLE	TD
NAME	FISHER, KATHY	2.2 NAME	JOHN LAY
STREET ADDRESS	801 S OCEAN DR. #801	2.3 STREET ADDRESS	801 S. Ocean DR. # 1110
CITY-ST-ZIP	FT PIERCE FL	2.4 CITY-ST-ZIP	Ft. Pierce, FL 34949
TITLE	D	3.1 TITLE	
NAME	ARMELL, JESSE	3.2 NAME	
STREET ADDRESS	801 S OCEAN DR. #1204	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	SD
NAME	WARREN, DETERING	4.2 NAME	DEL PUE
STREET ADDRESS	801 S OCEAN DR. #902	4.3 STREET ADDRESS	801 S. Ocean DR. # 1005
CITY-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP	Ft. Pierce, FL 34949
TITLE	PD	5.1 TITLE	
NAME	SCHMITT, GERARD	5.2 NAME	
STREET ADDRESS	801 S OCEAN DR #101	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99

Date

Daytime Phone #

CR2E037 (11/98)