

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:15

DOCUMENT # N92000000053 (0)

1. Corporation Name

SEA GARDENS BEACH & TENNIS RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

615 N OCEAN BLVD
POMPANO BEACH FL 33062

615 N OCEAN BLVD
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1992

3a. Date of Last Report

07/12/1994

4. FEI Number

65-0387494

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MULLER, RALPH
615 N OCEAN BLVD
POMPANO BEACH FL 33062

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MULLER, RALPH
STREET ADDRESS 6400 N ANDREWS AVE SUITE 200
CITY-ST-ZIP FT LAUDERDALE FL 33309

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME SHEEHAN, KEVIN
STREET ADDRESS 6400 N ANDREWS AVE SUITE 200
CITY-ST-ZIP FT LAUDERDALE FL 33309

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME SCHMIDT, WILLIAM C
STREET ADDRESS 6400 N ANDREWS AVE SUITE 200
CITY-ST-ZIP FT LAUDERDALE FL 33309

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME HAYES, BRENDA
STREET ADDRESS 6400 N ANDREWS AVE SUITE 200
CITY-ST-ZIP FT LAUDERDALE FL 33309

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/95 825-327-8220
Date Secretary/Treasurer