| AMOUNT DUE (   | D NOTICE: CORPORATION WILL<br>ON OR BEFORE 8/7/96: \$61.25 (IF DI   | BE DISSOLVED ON OR AF<br>SSOLVED. MINIMUM AMOUN  | TER AUGUST   | 7, 1996.<br>State: \$236.29  | 5.1   |                                       |
|--|---|--|--|--|---|---------------------------------------|
| N  | ONPROFIT<br>RPORATION   | FLORIDA DE   | EPARTMENT C  | F STATE  |   |                                       |
|  | IUAL REPORT   |  | dra B. Morthan<br>cretary of State   |  |   |                                       |
|  | 1996  |  | OF CORPORA   |  |   |                                       |
| DOCU<br>1. Corporativ  | IMENT # N93(  | 00001634   | (5)  |  |   |                                       |
|  | SES CREEK OWNERS ASS  | OCIATION, INC.   | ·  |  |   |                                       |
|  |   |  |  |  |   |                                       |
|  | ce of Business  | Mailing Address  |  |  | I (DOVALAJ DVA LOVOC ANAL DVA   | II BANK BANK BANK INDIA DINAN UKU UKU |
| 7160 A1A S<br>ST AUGUST  | South<br>Tine FL 32086  | 7160 A1A SOUTH<br>St Augustine FL 3  | 32086  |  |   |                                       |
|  |   |  |  |  | 3. Date Incorporated or Qualified<br>04/13/1993   | 3a. Date of Last Report<br>05/01/1995 |
| 2. Principal F   | Place of Business   | 2a. Mailing Address<br>26  |  |  | 4. FEI Number<br>NOT APPLICABLE   | Applied For<br>Not Applicable         |
| Suite, Apt.<br>22  | . #, etc.   | Suite, Apt. #, etc.  |  |  | 5. Certificate of Status Desired  | S8.75 Additional<br>Fee Required      |
| City & Stat<br>23  | te  | City & State   | <u> </u>   |  | 6. Election Campaign Financing<br>Trust Fund Contribution   | S5.00 May Be<br>Added to Fees         |
| Zip<br>24  | Country<br>25   | Zip<br>29  | Coun<br>30   | itry   | 8. This corporation has liability for in<br>Florida Statutes  |                                       |
|  | 9. Name and Address of Curr   | ent Registered Agent   |  | B1 Name  | 10. Name and Address of New Re-   |                                       |
|  | LE, ROBERT L  |  |  |  | dress (P.O. Box Number is Not Acceptabl   | <u> </u>                              |
|  | A1A SOUTH<br>JGUSTINE FL 32086  |  | L  |  | aress (P.O. Box Number is Not Acceptabl   | e)                                    |
| 91 AU  | JOUSTINE FL 32000   |  |  | 33   |   |                                       |
|  |   |  | 18   | 4 City   |   | <b>85</b> Zip Code                    |
|  | · · · · · · · · · · · · · · · · · · ·   |  |  | · · ·  |   |                                       |
| 11. Pursuant<br>office or r  | to the provisions of Sections 617.05<br>registered agent, or both, in the Stat  | 502 and 617.1508, Florida Sta<br>te of Florida, Such change wa   | atutes, the aborts authorized b  |  | poration submits this statement for the pu<br>ion's board of directors. I hereby accept   | <b>FL</b>                             |
| 11. Pursuant<br>office or r<br>agent. I a<br>SIGNATURE   | am familiar with, and accept the obli   | igations of, Section 617.0503,   | atutes, the abo<br>as authorized b<br>Florida Statute  |  | poration submits this statement for the pu<br>ion's board of directors. I hereby accept   | <b>FL</b>                             |
| agent. I a<br>SIGNATURE  | am familiar with, and accept the oblin<br>Signature, typed or printed name of registered a  | gations of, Section 617.0503,  | NOTE Registered P  | ve-named corp<br>by the corporat<br>es   | ired when reinslating)  | PL                                    |
| agent. I a   | am familiar with, and accept the obliv<br>Signalure, typed or printed name of registered a<br>OFFICERS A  | gations of, Section 617.0503,  | , Florida Statute  | ve-named corp<br>by the corporat<br>es.  | ion's board of birectors. I hereby accept   | PL                                    |
| agent. I a<br>SIGNATURE<br>12.<br>TITLE<br>NAME  | am familiar with, and accept the obli-<br>Signalure, typed or printed name of registered a<br>OFFICERS A<br>D<br>SUTTLE, ROBERT L   | igations of, Section 617.0503,<br>Igent and tille it applicable (<br>IND DIRECTORS   | (NOTE Registered A   | ve-named corporat<br>by the corporat<br>es.  | ired when reinslating)  | PL                                    |
| agent. I a<br>SIGNATURE<br>12.<br>TITLE<br>NAME<br>STREET ADDRESS  | am familiar with, and accept the obli-<br>Signalure, typed or printed name of registered a<br>OFFICERS A<br>D<br>SUTTLE, ROBERT L<br>7160 A1A SOUTH   | gations of, Section 617.0503,<br>gent and tile it appleable (<br>ND DIRECTORS  | (NOTE Registered A<br>13.<br>1.1 TITLE<br>1.2 NAM<br>1.3 STRE  | Ve-named corporates  | ired when reinslating)  | PL                                    |
| agent. I a<br>SIGNATURE<br>12.<br>TITLE<br>NAME  | am familiar with, and accept the obli-<br>Signalure, typed or printed name of registered a<br>OFFICERS A<br>D<br>SUTTLE, ROBERT L   | gations of, Section 617.0503,<br>gent and tile it appleable (<br>ND DIRECTORS  | (NOTE Registered A<br>13.<br>1.1 TITLE<br>1.2 NAM<br>1.3 STRE<br>1.4 CITY  | Agent signature requires   | ired when reinslating)  | DATE     Change     Addition          |
| agent.   a<br>SIGNATURE<br>12.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST- 2IP  | am familiar with, and accept the obli<br>Signature, typed or printed name of registered a<br>OFFICERS A<br>D<br>SUTTLE, ROBERT L<br>7160 A1A SOUTH<br>ST AUGUSTINE FL 32086<br>T<br>SUTTLE, MILDRED M.  | gations of, Section 617.0503,<br>gent and tille it applicable (<br>ND DIRECTORS  | (NOTE Registered A<br>13.<br>1.1 TITL<br>1.2 NAM<br>1.3 STRE   | Agent aignature requires   | ired when reinslating)  | PL                                    |
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| agent. I a<br>SIGNATURE<br>12.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>TITLE<br>NAME  | am familiar with, and accept the obliv<br>Signature, typed or printed name of registered a<br>OFFICERS A<br>D<br>SUTTLE, ROBERT L<br>7160 A1A SOUTH<br>ST AUGUSTINE FL 32086<br>T<br>SUTTLE, MILDRED M.<br>7160 A1A SO.<br>ST. AUGUSTINE FL<br>T<br>NEMRAVA, ALMA<br>7160 A1A SO.   | gations of, Section 617,0503,  gent and tile it appleable IND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE  | Statute           13.           1.1           1.2           1.3.           1.1           1.2           1.3.           1.1           1.2           1.3.           1.4           1.3.           1.4           1.3.           1.4           1.2           1.3.           3.3           2.4           2.1           2.1           2.1           2.1           2.1           2.1           2.1           2.1           2.1           2.1           2.1           3.3           3.3           3.3           3.3           3.3           3.4           1.1           1.1           3.3           3.4           1.1           1.1           1.1           1.1           1.1           1.1           1.1           1.1           1.1           1.1  | Agent alignature requires  | ired when reinslating)  |                                       |
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