


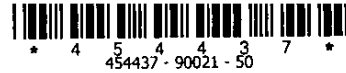
FILE NOW: FILING FEE IS \$61.25

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Apr 30, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000667					
1. Corporation Name SEA AIR TOWERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3725 SOUTH OCEAN DRIVE HOLLYWOOD FL 33019			Mailing Address 3725 SOUTH OCEAN DRIVE HOLLYWOOD FL 33019		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/07/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0643211	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HYMAN, MICHAEL MUSEUM TOWER 27TH FLOOR 150 WEST FLAGLER STREET MIAMI FL 33130				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	VPD	1.1 TITLE	VPD
NAME	BIANCO, JOSEPH	1.2 NAME	BIANCO, JOSEPH
STREET ADDRESS	3725 SOUTH OCEAN DRIVE #801	1.3 STREET ADDRESS	3725 South Ocean Dr. #801
CITY-ST-ZIP	HOLLYWOOD FL 33019	1.4 CITY-ST-ZIP	Hollywood, Fl. 33019
TITLE	PD	2.1 TITLE	PD
NAME	CHADEZ, MARIE C	2.2 NAME	EHRlich, EDWINA
STREET ADDRESS	3725 SOUTH OCEAN DR., #1204	2.3 STREET ADDRESS	3725 So. Ocean Dr. #1119
CITY-ST-ZIP	HOLLYWOOD FL 33019	2.4 CITY-ST-ZIP	Hollywood, Fl. 33019
TITLE	STD	3.1 TITLE	VPD
NAME	VIDAL, BART	3.2 NAME	BOSCH, ANIANO
STREET ADDRESS	3725 S OCEAN DRIVE., #622	3.3 STREET ADDRESS	3725 So. Ocean Dr. #1101
CITY-ST-ZIP	HOLLYWOOD FL 33019	3.4 CITY-ST-ZIP	Hollywood, Fl. 33019
TITLE		4.1 TITLE	TD
NAME		4.2 NAME	SAAVEDRA, GERARDO
STREET ADDRESS		4.3 STREET ADDRESS	3725 So. Ocean Dr. #1022
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Hollywood, Fl. 33019
TITLE		5.1 TITLE	SD
NAME		5.2 NAME	ROCA, OLGA
STREET ADDRESS		5.3 STREET ADDRESS	3725 So. Ocean Dr. #PH24
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Hollywood, Fl. 33019
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)