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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000003564

1. Corporation Name
SEA PEARL OF BREVARD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 1575 NORTH HWY A1A, 100, INDIALANTIC FL 32903, US
 Mailing Address: 1575 NORTH HWY A1A, 100, INDIALANTIC FL 32903, US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	07/05/1996
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	59-3425113
24. Country	29. Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing <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
OFFENBERG, DAVID 1575 NORTH HWY A1A #513 INDIALANTIC FL 32903	81 Name: KEVIN G. MARVS 82 Street Address: 1617 COOLING AVE 83 MELBOURNE 84 City: MELBOURNE 85 Zip Code: FL 32935

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: *Kevin G. Marvs* / MANAGER / 2-19-99
 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: PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: SAVAGE, RICHARD		1.2 NAME: BETTY ALC	
STREET ADDRESS: 1575 NORTH HWY A1A #213		1.3 STREET ADDRESS: 1575 North Hwy A1A # 714	
CITY-ST-ZIP: INDIALANTIC FL 32903		1.4 CITY-ST-ZIP: Indialantic, FL 32903	
TITLE: VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: RODRIQUEZ, LARRY		2.2 NAME: Richard John Raschbacher	
STREET ADDRESS: 1575 NORTH HWY A1A #711		2.3 STREET ADDRESS: 1575 North Hwy A1A # 313	
CITY-ST-ZIP: INDIALANTIC-FL 32903		2.4 CITY-ST-ZIP: INDIALANTIC, FL 32903	
TITLE: TD	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: OFFENBERG, DAVID		3.2 NAME:	
STREET ADDRESS: 1575 N HWY A1A		3.3 STREET ADDRESS:	
CITY-ST-ZIP: INDIALANTIC FL 32903		3.4 CITY-ST-ZIP:	
TITLE: SD	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GERARDO, TONY		4.2 NAME:	
STREET ADDRESS: 1575 N HWY A1A		4.3 STREET ADDRESS:	
CITY-ST-ZIP: INDINLANTIC FL 32903		4.4 CITY-ST-ZIP:	
TITLE: D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: SCHANBACHER, KAY		5.2 NAME: JAYNE SAVAGE	
STREET ADDRESS: 1575 N HWY A1A #212		5.3 STREET ADDRESS: 1575 NORTH HWY A1A # 213	
CITY-ST-ZIP: INDIALANTIC FL 32903		5.4 CITY-ST-ZIP: INDIALANTIC, FL 32903	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *David Offenbert* / DAVID OFFENBERT / 3/8/99 / 726 8037
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)