


FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004622 (3)
1. Corporation Name
JEANIE BY THE SEA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 329 TAFT AVENUE COCOA BEACH FL 32931	Mailing Address 329 TAFT AVENUE COCOA BEACH FL 32931
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2. Principal Place of Business 21 404 Tyler Ave. Suite, Apt. #, etc. 22 City & State 23 Cape Canaveral, FL Zip 24 32920 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent
**SWINTON, KELLY
404 TYLER AVENUE
UNIT 9
CAPE CANAVERAL FL 32920**

3. Date Incorporated or Qualified 08/13/1997	4. FEI Number 59-2582286	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

10. Name and Address of New Registered Agent
81 Name **Donald Malin**
82 Street Address (P.O. Box Number is Not Acceptable)
2350 Sherbrooke Rd.
83
84 City **Winter Park** FL 85 Zip Code **32792**

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]* DATE **17 April 1998**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN /2
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE
NAME	MALIN, DONALD J	1.2 NAME
STREET ADDRESS	2350 SHERBROOKE ROAD	1.3 STREET ADDRESS
CITY-ST-ZIP	PALM BAY FL 32792	1.4 CITY-ST-ZIP
TITLE	VPTD <input type="checkbox"/> DELETE	2.1 TITLE
NAME	KING, CARY A	2.2 NAME
STREET ADDRESS	381 EPPING COURT, N.E.	2.3 STREET ADDRESS
CITY-ST-ZIP	PALMBAY FL 32907	2.4 CITY-ST-ZIP
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	SWINTON, KELLY	3.2 NAME
STREET ADDRESS	404 TYLER AVENUE, UNIT 9	3.3 STREET ADDRESS
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CALVIN KING
1.3 STREET ADDRESS	404 TYLER AVE. #11
1.4 CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *[Signature]* DATE: **17 April 1998**

CR2E037 (10/97)