

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # N97000004622

1. Corporation Name

JEANIE BY THE SEA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

 404 TYLER AVENUE
CAPE CANAVERAL FL 32920
US

Mailing Address

 329 TAFT AVENUE
COCOA BEACH FL 32931

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90118 040 ****61.25



21. Principal Place of Business		22. Mailing Address		3. Date Incorporated or Qualified 08/13/1997	
21 State, Apt. #, etc.		22 State, Apt. #, etc.		4. FEI Number 59-2582286	
23 City & State		23 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Zip Country		24 Zip Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	

9. Name and Address of Current Registered Agent

 MALIN, DONALD
2350 SHERBROOKE RD
UNIT 9
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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

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

(NOTE: Registered Agent signature required when reappointing)

 January 20, 1999
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	PD
NAME	KING, CALVIN	1.2 NAME	Davis, Jerome
STREET ADDRESS	404 TYLER AVE, #11	1.3 STREET ADDRESS	2512 Island Crossing Way
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	1.4 CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	VPTD	2.1 TITLE	VPD
NAME	KING, CARY A	2.2 NAME	Roux, Theresa
STREET ADDRESS	381 EPPING COURT, N.E.	2.3 STREET ADDRESS	404 Tyler, #5
CITY-ST-ZIP	PALMBAY FL 32907	2.4 CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE		3.1 TITLE	STD
NAME		3.2 NAME	Malin, Donald
STREET ADDRESS		3.3 STREET ADDRESS	2350 Sherbrooke Rd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 REQUIRED

President 3/18/99 407-454-7270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)