2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2015
Secretary of State
CC6599533027

DOCUMENT# 733360

Entity Name: SEA ISLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1101 W. OCEAN DRIVE
KEY COLONY BEACH, FL 33051

Current Mailing Address:

C/O CRUZ MORATO & ASSOC
5800 OVERSEAS HWY, SUITE 17
MARATHON, FL 33050 US

FEI Number: 59-2252200

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRUZ MORATO & ASSOCIATES
5800 OVERSEAS HWY
SUITE 17
MARATHON, FL 33050 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	HARDING, THOMAS
Address	9270 YORKSHIRE DR
City-State-Zip:	SALINE MI 48176

Title	VP
Name	BROWN, CHRIS
Address	393 HIGHLAND ST
City-State-Zip:	DEDMAN MA 02026

Title	D
Name	CONSTANTINO, DIANE
Address	1930 RIDGE ROAD
City-State-Zip:	YPSILANTI MI 48198

Title	D
Name	FRAYNE, KATHLEEN
Address	36313 FORD ROAD
City-State-Zip:	WESTLAND MI 48185

Title	S
Name	THOMAS, SHARON
Address	215 E. GREENLEY ST
City-State-Zip:	WATERMAN IL 60556

Title	T
Name	ROLF, JOAN
Address	26 MICHELLE LANE
City-State-Zip:	FORT THOMAS KY 41075

Title	D
Name	BEDROSIAN, GEORGE
Address	16 LEHLAND DRIVE
City-State-Zip:	QUEENSBURY NY 12804

Title	D
Name	GILBERT, LOU
Address	1 S. 500 MACARTHUR DRIVE
City-State-Zip:	OAK BROOK TERRACE IL 60181

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS HARDING P 04/21/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	D
Name	BURGESS, SHELI
Address	521 RIDGEWOOD AVENUE
City-State-Zip:	DAVIDSON NC 28036