

FILE NOW: FILING FEE AFTER MAY 1 IS \$115.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 31 1995

DOCUMENT # 739432 (3)

1. Corporation Name
THE SEA GULL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**4440 OCEAN BEACH BLVD.
COCOA BEACH FL 32931** **4440 OCEAN BEACH BLVD.
COCOA BEACH FL 32931**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/20/1977** 3a. Date of Last Report **02/04/1994**
4. FEI Number **59-2177739** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**RICHARDS, FREDERICK W
503 S ORLANDO STE 106
COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **503 N. Orlando Avenue**
83
84 City 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	ATD HALLOVAN, GERALD
NAME	556 BITTERWOOD CT. KISSIMMEE FL
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	TD WILLIAMSON, L C PAT
NAME	1725 ANATASIA WAY ST ST PETERSBURG FL
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	VP HARTMAN, DAN
NAME	1290 ROBBINSWOOD DR ROCKLEDGE FL
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	PD JORDAN, JOHN
NAME	506 HOLLY DR SATELLITE BCH FL
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	SD SLOAS, JEAN
NAME	729 BEAR CREEK CIRCLE WINTER SPRINGS FL
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	AS STACHEL, ROBERT D.
NAME	555 FILLMORE AVE. #101 CAPE CANAVERAL FL
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	ATD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	McMANUS, Arlene	
13 STREET ADDRESS	473 Crystal Lake Drive	
14 CITY - ST - ZIP	Melbourne, FL 32940-1934	
21 TITLE	AD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	FRITCHETT, Carey	
23 STREET ADDRESS	2484 Newfound Harbor Drive	
24 CITY - ST - ZIP	Merritt Island, FL 32952	
31 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Robert D. Stachel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert D. Stachel, Director

MAY 15 1995
407-783-4441