

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 29 1996 8:00 am
Secretary of State

DOCUMENT # 739432 (3)
1. Corporation Name

THE SEA GULL CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **06/20/1977**
3a. Date of Last Report: **05/31/1995**
4. FEI Number: **59-2177739**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICHARDS, FREDERICK W
503 N ORLANDO AVE
COCOA BEACH FL 32931**

81 Name: **JOHN JORDAN**
82 Street Address (P.O. Box Number is Not Acceptable): **506 HOLLY DR.**
83 **SATELLITE BEACH,**
84 City: **FL** 85 Zip Code: **32937**

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: *John Jordan*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: **02-10-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: ATD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: ATD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MCMANUS, ARLENE		1.2 NAME: BRACKETT, ELMER E. JR
STREET ADDRESS: 473 CRYSTAL LAKE DE		1.3 STREET ADDRESS: P.O. BOX 321439
CITY-ST-ZIP: MELBOURNE FL		1.4 CITY-ST-ZIP: COCOA BEACH, FL. 32932-1439
TITLE: AD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: AD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PRITCHETT, CAREY		2.2 NAME: BERWAGER EUGENE
STREET ADDRESS: 2484 NEWFOUND HARBOUR DR		2.3 STREET ADDRESS: 1653 NORTH SINGLETON AVE.
CITY-ST-ZIP: MERRITT ISLAND FL		2.4 CITY-ST-ZIP: TITUSVILLE, FL. 32996
TITLE: VPD	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HARTMAN, DAN		3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1290 ROBBINSWOOD DR		3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: ROCKLEDGE FL		3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JORDAN, JOHN		4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 506 HOLLY DR		4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: SATELLITE BCH FL		4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SLOAS, JEAN		5.2 NAME: PRITCHETT CAREY
STREET ADDRESS: 729 BEAR CREEK CIRCLE		5.3 STREET ADDRESS: 2484 NEWFOUND HARBOR DR.
CITY-ST-ZIP: WINTER SPRINGS FL		5.4 CITY-ST-ZIP: MERRITT ISLAND, FL. 32952
TITLE: D	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STACHEL, ROBERT D.		6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 555 FILLMORE AVE. #101		6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: CAPE CANAVERAL FL		6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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 Stachel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96
Date

407-983-4441
Daytime Phone #

CR2E037 (12/95)