


FILE NOW: FILING FEE IS \$61.25

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**Mar 09 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 # 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
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3. Date Incorporated or Qualified 06/20/1977	
4. FEI Number 59-2177739	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**JORDAN, JOHN
506 HOLLY DR
SATELLITE BCH FL 32937**

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

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ATD <input type="checkbox"/> DELETE	1.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACKETT, ELMER E. JR	1.2 NAME	BRACKETT, ELMER E., JR.
STREET ADDRESS	POBOX 321439 N/A	1.3 STREET ADDRESS	PO Box 321439 N/A
CITY-ST-ZIP	COCOA BCH FL	1.4 CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	AD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERWAGER, EUGENE	2.2 NAME	
STREET ADDRESS	1653 N SINGLETON AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, DAN	3.2 NAME	
STREET ADDRESS	1290 ROBBINSWOOD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, JOHN	4.2 NAME	JORDAN, JOHN
STREET ADDRESS	506 HOLLY DR	4.3 STREET ADDRESS	506 HOLLY DR.
CITY-ST-ZIP	SATELLITE BCH FL	4.4 CITY-ST-ZIP	SATELLITE BEACH, FL
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITCHETT, CAREY	5.2 NAME	PRITCHETT, CAREY
STREET ADDRESS	2484 NEWFOUND HARBOR DR	5.3 STREET ADDRESS	2484 NEWFOUND HARBOR DR.
CITY-ST-ZIP	MERRITT ISLAND FL	5.4 CITY-ST-ZIP	MERRITT ISLAND, FL
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACHEL, ROBERT D.	6.2 NAME	
STREET ADDRESS	555 FILLMORE AVE. #101	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	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 for on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* DATE: **2/12/98** (WP) 739432

CR2E037 (1097)