


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90089 036 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739995**

1. Corporation Name  
**THE SEAMIST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 275 BEACH ROAD TEQUESTA FL 33469	Mailing Address 275 BEACH ROAD TEQUESTA FL 33469
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/24/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1813281
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
INGLIS, STEVE C/O BRISTOL MANAGEMENT 103 S. U.S. 1, #F5-135 JUPITER FL 33477		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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAREFOOT, ROBERT	1.2 NAME	
STREET ADDRESS	275 BEACH RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA, FL 00000 33469	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABERSON, JOHN	2.2 NAME	
STREET ADDRESS	275 BEACH RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA, FL 00000 33469	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, MILTON	3.2 NAME	
STREET ADDRESS	275 BEACH RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA, FL 00000 33469	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUEYERMAN, WALTER	4.2 NAME	
STREET ADDRESS	275 BEACH RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA, FL 00000 33469	4.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLTON, JOHN	5.2 NAME	
STREET ADDRESS	275 BEACH ROAD	5.3 STREET ADDRESS	TD Cole, Bill 275 Beach Rd. Tequesta, FL 33469
CITY-ST-ZIP	TEQUESTA, FL 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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** \_\_\_\_\_ DATE: 4-7-99 DAYTIME PHONE #: 561-515-3551

CR2F037-11/98