

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

95 MAR -2 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Suzanna B. McNamee Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 748883 (6)
1. Corporation Name
SETON BY THE SEA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1990 N. ATLANTIC AVE. #701 COCOA BEACH FL 32901	Mailing Address 1900 N. ATLANTIC AVE. #701 COCOA BEACH FL 32901
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/12/1979	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2167202	Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 <u>5240 N. Atlantic Ave.</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28 <u>Cocoa Beach Florida</u>
Zip 24	Country 30 <u>US</u>
Country 25	Zip 29 <u>32931</u>

9. Name and Address of Current Registered Agent
**DAVIS, PETEY
1980 N. ATLANTIC AVE. #701
COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent

81 Name	First Real Estate Management Corp.
82 Street Address (P.O. Box Number is Not Acceptable)	5240 N. Atlantic Avenue
83	
84 City	Cocoa Beach
85 State	FL
86 Zip Code	32931

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 C. Suzanne Ward DATE 2/20/95
Suzanne Ward, Community Association Manager (not when resigning)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MICHAL, RON
STREET ADDRESS	8000 RIDGEWOOD AVE #111
CITY - ST - ZIP	CAPE CANAVERAL FL 00000
TITLE	STD
NAME	BRADY, DONALD
STREET ADDRESS	8000 RIDGEWOOD AVE #107
CITY - ST - ZIP	CAPE CANAVERAL FL
TITLE	VD
NAME	ATKINSON, ARLENE
STREET ADDRESS	8000 RIDGEWOOD AVE #105
CITY - ST - ZIP	CAPE CANAVERAL FL
TITLE	D
NAME	YORK, ALAN
STREET ADDRESS	215 MADRID COURT
CITY - ST - ZIP	MERRITT ISLAND FL
TITLE	PD
NAME	RELIHAN, JIM
STREET ADDRESS	8000 RIDGEWOOD AVE #102
CITY - ST - ZIP	CAPE CANAVERAL FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 (above), or on an attachment with an address.

SIGNATURE: J. Relihan DATE: 20 Feb 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 784-1935