

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

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



Principal Place of Business 1980 N. ATLANTIC AVE. #701 COCOA BEACH FL 32931	Mailing Address 5240 N. ATLANTIC AVE. COCOA BEACH FL 32931 US
---	--

3. Date Incorporated or Qualified 09/12/1979	3a. Date of Last Report 03/02/1995
4. FEI Number 59-2167202	Applied For <input type="checkbox"/> 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
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 5340 N. ATLANTIC AVE	2a. Mailing Address 26 5340 N. ATLANTIC AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 COCOA BEACH FL	City & State 28 COCOA BEACH, FL
Zip 24 32931	Country 25 US
Zip 29 32931	Country 30 US

9. Name and Address of Current Registered Agent FIRST REAL ESTATE MGMT CORP 5240 N. ATLANTIC AVE. COCOA BEACH FL 32931	10. Name and Address of New Registered Agent 81 Name FIRST REAL ESTATE MGMT CORP 82 Street Address (P.O. Box Number is Not Acceptable) 5340 N. ATLANTIC AVE. 83 84 City COCOA BEACH FL 85 Zip Code 32931
--	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD
NAME MICHAL, RON		1.2 NAME DARLENE STANDRIDGE
STREET ADDRESS 8000 RIDGEWOOD AVE #111		1.3 STREET ADDRESS 8000 RIDGEWOOD AVE
CITY-ST-ZIP CAPE CANAVERAL FL 00000		1.4 CITY-ST-ZIP CAPE CANAVERAL FL
TITLE STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRADY, DONALD		2.2 NAME
STREET ADDRESS 8000 RIDGEWOOD AVE #107		2.3 STREET ADDRESS
CITY-ST-ZIP CAPE CANAVERAL FL		2.4 CITY-ST-ZIP
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ATKINSON, ARI FNE		3.2 NAME
STREET ADDRESS 8000 RIDGEWOOD AVE #105		3.3 STREET ADDRESS
CITY-ST-ZIP CAPE CANAVERAL FL		3.4 CITY-ST-ZIP
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YORK, ALAN		4.2 NAME
STREET ADDRESS 215 MADRID COURT		4.3 STREET ADDRESS
CITY-ST-ZIP MERRITT ISLAND FL		4.4 CITY-ST-ZIP
TITLE PD	<input type="checkbox"/> DELETE	5.1 TITLE D
NAME RELIHAN, JIM		5.2 NAME JIM RELIHAN
STREET ADDRESS 8000 RIDGEWOOD AVE #102		5.3 STREET ADDRESS 8000 RIDGEWOOD AVE
CITY-ST-ZIP CAPE CANAVERAL FL		5.4 CITY-ST-ZIP CAPE CANAVERAL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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 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: *Alan York* 8/2/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)