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Apr 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
5340 NORTH ATLANTIC BLVD. COCOA BEACH FL 32931 US  
5340 NORTH ATLANTIC AVE COCOA BEACH FL 32931-9769 US

3. Date Incorporated or Qualified 09/12/1979  
3a. Date of Last Report 08/12/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2167202 Applied For Not Applicable  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required  
23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
24 Zip 25 Country 29 Zip 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
FIRST REAL ESTATE MANAGEMENT CORP  
5340 NORTH ATLANTIC AVE  
COCOA BEACH FL 32931  
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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANDRIDGE, DARLENE	1.2 NAME	Standridge, Darlene
STREET ADDRESS	8000 RIDGEWOOD AVENUE	1.3 STREET ADDRESS	8000 Ridgewood Ave
CITY-ST-ZIP	CAPE CANAVERAL FL	1.4 CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, ARLENE	2.2 NAME	Atkinson, Arlene
STREET ADDRESS	8000 RIDGEWOOD AVE #105	2.3 STREET ADDRESS	8000 Ridgewood Ave
CITY-ST-ZIP	CAPE CANAVERAL FL	2.4 CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Sec/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YORK, ALAN	3.2 NAME	York, Alan
STREET ADDRESS	215 MADRID COURT	3.3 STREET ADDRESS	215 Madrid Court
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REUHAN, JIM	4.2 NAME	Viviano, Robert
STREET ADDRESS	8000 RIDGEWOOD AVENUE	4.3 STREET ADDRESS	3 Willow Lane
CITY-ST-ZIP	CAPE CANAVERAL FL	4.4 CITY-ST-ZIP	Hampton, NH 03842-1480
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Robertson, James
STREET ADDRESS		5.3 STREET ADDRESS	505 Jones Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Attalla, AL 35954
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 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.

SIGNATURE: *Darlene Standridge* 4-16-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019202

CR2E037 (9/96)