

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # 751871 (5)

1. Corporation Name

SEA TREAT CONDOMINIUM ASSOCIATION, INC.

95 MAY -1 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2110 GULF BLVD
PO BOX 763
INDIAN ROCKS BCH FL 34835

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PO BOX 763
INDIAN ROCKS BCH FL 34835

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/03/1980** 3a. Date of Last Report **04/15/1994**

4. FEI Number **59-2027109** Applied For Not Applicable

2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
22	City & State	27	City & State	7. Nonprofit with IRS 601(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

**MARION L MILLER
155 COE RD
BELLEAIR FL 34816**

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENCOMO, JOAN	1.2 NAME	
STREET ADDRESS	2202 PARKWOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEANEY, KEVIN	2.2 NAME	
STREET ADDRESS	2110 GULF BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MARION	3.2 NAME	
STREET ADDRESS	155 COE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGES, ELMER	4.2 NAME	
STREET ADDRESS	10170 EDELWEISS CRCL	4.3 STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE MISSION KS	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMBLIN, WILLIAM	5.2 NAME	
STREET ADDRESS	1380 ABBEY CRESCENT LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHNER, ALWIN	6.2 NAME	
STREET ADDRESS	1706 BELLEAIR FOREST DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL	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)(a), 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: Marion L. Miller (Marion L. Miller) Secretary/Pres. Date: 4-26-95 (813) 443-0326