

FILE NOW: FILING FEE IS \$61.25

FILED  
May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 751871 (5)  
1. Corporation Name  
SEA TREAT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 2110 GULF BLVD PO BOX 763 INDIAN ROCKS BCH FL 33785  
Mailing Address: 2110 GULF BLVD PO BOX 763 INDIAN ROCKS BCH FL 33785-0763

3. Date Incorporated or Qualified: 04/03/1980  
4. FEI Number: 59-2027109  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. City & State Zip 33785  
2a. Mailing Address: 26 Suite, Apt. #, etc. City & State Zip 33785-0763

9. Name and Address of Current Registered Agent  
MARION L MILLER  
155 COE RD  
BELLEAIR FL 33756

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: Signature, typed or printed name of registered agent and title if applicable (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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENCOMO, JOAN	1.2 NAME	D William Emerson
STREET ADDRESS	2202 PARKWOOD DR	1.3 STREET ADDRESS	12005 Johnson Dr
CITY-ST-ZIP	VALRICO, FL 00000	1.4 CITY-ST-ZIP	Shawnee, KS 66216
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, MARION	2.2 NAME	D Benjamin Ream
STREET ADDRESS	155 COE RD	2.3 STREET ADDRESS	2110 Gulf Blvd
CITY-ST-ZIP	BELLEAIR, FL 00000	2.4 CITY-ST-ZIP	Indian Rocks Beach, FL 33785
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGES, ELMER	3.2 NAME	
STREET ADDRESS	10170 EDELWEISS CRCL	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE MISSION KS	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMBLIN, WILLIAM	4.2 NAME	
STREET ADDRESS	1360 ABBEY CRESCENT LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHNER, ALWIN	5.2 NAME	
STREET ADDRESS	1708 BELLEAIR FOREST DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL	5.4 CITY-ST-ZIP	
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 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: Marion L. Miller (Marion Miller) Secretary/Treasurer 4/28/98 443-0326

CR2E037 (1097)