

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 758888 (2)

1. Corporation Name

SEA CLUB OF INDIAN SHORES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**1700 66TH ST. N.
STE. #207
ST. PETERSBURG FL 33710
US**

**P.O. BOX 47068
ST. PETERSBURG FL 33743-7068
US**

3. Date Incorporated or Qualified

06/24/1981

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2068757

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LISHEILD, DEBRA R
1700 66TH ST. N.
STE. #207
ST. PETERSBURG FL 33710**

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

William Sterba

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, JERRY	
STREET ADDRESS	19725 GULF BLVD #403	
CITY - ST - ZIP	INDIAN SHORES FL 34635	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	STERBA, WILLIAM	
STREET ADDRESS	19725 GULF BLVD. #302	
CITY - ST - ZIP	INDIAN SHORES FL 34635	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	POSTUPACK, NILA	
STREET ADDRESS	19725 GULF BLVD. #041	
CITY - ST - ZIP	INDIAN SHORES FL 34635	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, EILEEN	
STREET ADDRESS	19725 GULF BLVD., #048	
CITY - ST - ZIP	INDIAN SHORES FL 33463-5	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROSS, BERNICE	
STREET ADDRESS	19725 GULF BLVD. #503	
CITY - ST - ZIP	INDIAN SHORES FL 34635	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STERBA, WILLIAM	
1.3 STREET ADDRESS	19725 GULF BLVD., # 302	
1.4 CITY - ST - ZIP	INDIAN SHORES, FL 34635	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SMITH, JERRY	
2.3 STREET ADDRESS	19725 GULF BLVD., # 403	
2.4 CITY - ST - ZIP	INDIAN SHORES, FL 34635	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NORRIS, MARGARET	
3.3 STREET ADDRESS	18450 GULF BLVD., # 209	
3.4 CITY - ST - ZIP	INDIAN SHORES, FL 34635	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GARITI, JOHN	
4.3 STREET ADDRESS	404 HARPER ROAD	
4.4 CITY - ST - ZIP	ALIQUIPPA, PA 15001-5036	
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 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: *William Sterba*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM STERBA, PRESIDENT 5/13/96

PH: (813) 324-2278

CR2E037 (12/95)