


FILE NOW: FILING FEE IS \$61.25 .

FILED
Feb 25 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 # 758888
1. Corporation Name
SEA CLUB OF INDIAN SHORES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 19725 GULF BLVD INDIAN SHORES, FL 33785
Mailing Address: c/o Parekh, Commons & Co. Certified Public Accountants 2700 East Bay Drive #107 Largo, Florida 33771

3. Date Incorporated or Qualified: 6-24-81
4. FEI Number: 59-2068757
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
10. Name and Address of New Registered Agent: CAROLE NELSON, 19725 GULF BLVD #40, INDIAN SHORES FL 33785

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: Carol Nelson, Pres. DATE: 2-17-98

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	CAROLE NELSON	STREET ADDRESS	19725 GULF BLVD #40	CITY-ST-ZIP	INDIAN SHORES FL 33785	<input type="checkbox"/> DELETE
TITLE	VD	NAME	JAMES TRISKA	STREET ADDRESS	19725 GULF BLVD #10	CITY-ST-ZIP	INDIAN SHORES FL 33785	<input type="checkbox"/> DELETE
TITLE	SD	NAME	ALIZABETH WALSH	STREET ADDRESS	19725 GULF BLVD #12	CITY-ST-ZIP	INDIAN SHORES FL 33785	<input type="checkbox"/> DELETE
TITLE	TD	NAME	OLIVER JONES	STREET ADDRESS	19725 GULF BLVD #102	CITY-ST-ZIP	INDIAN SHORES FL 33785	<input type="checkbox"/> DELETE
TITLE	D	NAME	SANDRO SORDI	STREET ADDRESS	24 DUVAL DR	CITY-ST-ZIP	TORONTO, ONT, CAN M6L 2K1	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

200002440062
-02/25/98--01017--004
***61.25

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: Carol Nelson, Pres. DATE: 2-17-98

CR2E037 (10/97)