


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763738** (2)

1. Corporation Name

**SEASIDE I HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>P O BOX 4957 SANTA ROSA BCH. FL 32459</b>	Mailing Address <b>P O BOX 4957 SANTA ROSA BCH. FL 32459-4957</b>
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3. Date Incorporated or Qualified **06/17/1982** 3a. Date of Last Report **03/06/1996**

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number **59-2581325** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent

**McFARLAND, CONNIE  
SEASIDE/ HOLL BLDG  
C 30 A  
SANTA ROSA BCH FL 32459**

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <b>PD</b>	NAME <b>NOONAN, BRUCE</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>3810 PLAZA ST</b>		
CITY-ST-ZIP <b>COCONUT GROVE FL</b>		
TITLE <b>VD</b>	NAME <b>COOPER, LIBBY</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>2811 CHAPIN AVENUE</b>		
CITY-ST-ZIP <b>TAMPA FL</b>		
TITLE <b>D</b>	NAME <b>FREEMAN, JIM</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>216 GLENARNOCK ROAD</b>		
CITY-ST-ZIP <b>TRYON NC</b>		
TITLE <b>STB S</b>	NAME <b>WILDER, SUSAN</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>1699 SPRINGCREEK RD</b>		
CITY-ST-ZIP <b>MONTEVALLO AL</b>		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Addition
2.2 NAME	<b>VD Roger Mathis.</b>
2.3 STREET ADDRESS	<b>1262 Greenvue Lane</b>
2.4 CITY-ST-ZIP	<b>Gulf Breeze FL 32561</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>T Karen Tucker</b>
3.3 STREET ADDRESS	<b>3214 Andrews Ct.</b>
3.4 CITY-ST-ZIP	<b>Atlanta GA 30305</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>S</b>
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	

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:

*Bruce Noonan*

*3/17/97 305*

CR2E037 (9/96)