## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

N08188

**(7)** 

SEA TWIG CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	_
C/O V C JORDAN JR BOX 1348 TAMPA FL 33601	

INC.

Mailing Address

% COASTAL RESORTS 4030 GULF OF MEXICO DR LONGBOAT KEY FL 34228-260 FILED Feb 14 1997 8:00am Secretary of State



TAMPA FL 3360	LONGBOAT KEY FL 34228-28	KEY FL 34228-2604		3. Date Incorporated or Qualified	3a Date /	of I set Ri	eport			
		US			03/15/1985	3a. Date o	/31/19	<b>96</b>		
2. Principal Pla	ace of Business A	2a. Mailing Address	.,		4. FEI Number APPLICABLE		<del></del>	plied For		
21 70 (	Joanna Resorts	26			NOT APPLICABLE			t Applicable		
Suite, Apt. #, etc.					5. Certificate of Status Desired	_ \$	\$8.75 Additional Fee Required			
City & State City & State					Election Campaign Financing     Trust Fund Contribution	[7]	\$5.00			
23 Long hout NEY 1 28				<del></del>	Trust Fund Contribution Added to Fees  8. This corporation has liability for Intangible tax under s. 199.032,					
24 34 2-2 8 25 USA 29 30				,	Florida Statutes Yes No					
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
			81	Name						
MCLEAN, WILLIAM, C., JR				Street A	Address (P.O. Box Number is Not Acceptal	ross (P.O. Boy Number is Not Acceptable)				
	LORIDA AVE		.	82 Street Address (P.O. Box Number is Not Acceptable)						
TAMPA I	TAMPA FL 33602									
			84	City			5 Zip (	Code		
						PL				
11. Pursuant to	o the provisions of Sections 617.0502 a	nd 617.1508, Florida Statutes,	the abov	e-named o	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose of cha	anging its ment as	registered		
agent I ar	n familiar with, and accept the obligation	ns of, Section 617.0503, Florid	a Statute	\$.	oranger of barrollors, morely access	pr in to tippo in		l gibtorea		
SIGNATURE _			<del></del>							
12.	Signature, typed or printed name of registered agent a OFFICERS AND (		egistered Ag	ent signature r	required when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CEDS AND DI	AECTOR	S IN 12		
TITLE	PD OFFICERS AND I	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFI		Change	Addition		
NAME	JORDAN, V., C., JR		1.2 NAME			-	orango	1,000,00		
STREET ADDRESS	4410 BROOKWOOD DRIVE			T ADDRESS						
CITY-ST-ZIP	TAMPA FL		1.4 CITY-1			,				
TITLE	VD	☐ DELETE	2.1 TITLE	51- <i>Li</i> i			Change	Addition		
NAME	STARR, CHARLES L.		2.2 NAME	. 1		_	-	\		
STREET ADDRESS	5645 GULF OF MEXICO DR #2	:02		T ADDRESS	•					
CITY-ST-ZIP	LONGBOAT KEY FL	-	2. 4 CITY-							
TITLE	ST	DELETE	3.1 TITLE				Change	Addition		
NAME	MCLEAN, WILLIAM, C, JR		32 NAME		· ·	,				
STREET ADDRESS	3417 ALMERIA		3.3 STREE	T ADDRESS						
CITY - ST - ZIP	TAMPA FL		3.4. CITY-	ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE	"			Change	Addition		
NAME			4. 2 NAME	ı						
STREET ADDRESS			4.3 STREE	T ADDRESS						
CITY - ST - ZIP			4.4 CITY-	ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE	I		. 📙	Change	Addition		
NAME			5.2 NAME							
STREET ADDRESS		j	5.3 STREE	T ADDRESS						
CITY-ST-ZIP		······	5.4 CITY-	ST-ZIP	·····					
TITLE		☐ DELETE	6.1 TITLE			L	Change	Addition		
NAME			6.2 NAME	-						
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP		Object of the second of the se	6.4 CITY-			16	-A16 45 4	41		
<ol><li>14. I do hereb</li></ol>	ly certify that the information supplied v	/ith this filing does not qualify fo	OL LUG GX	emption st	ated in Section 119.07(3)(i), Florida Statute	as. I further ce	rury that	rue		

4. 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 eath; 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96

Daytime Phone # 0082640