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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N08188 (7)

1. Corporation Name
SEA TWIG CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: C/O V C JORDAN JR, BOX 1348, TAMPA FL 33601
Mailing Address: % COASTAL RESORTS, 4030 GULF OF MEXICO DR, LONGBOAT KEY FL 34228-2804, US

3. Date Incorporated or Qualified: 03/15/1985
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business: 21 F/O Coastal Resorts
2a. Mailing Address: 26
27 Suite, Apt. #, etc.
28 City & State: 23 Longboat Key FL
29 Zip: 24 34228
25 County: 29 USA
29 Country: 30

4. FEI Number: NOT APPLICABLE
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
MCLEAN, WILLIAM, C., JR
707 N FLORIDA AVE
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 2 columns: OFFICERS AND DIRECTORS (12) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Rows include PD JORDAN, V., C., JR and VD STARR, CHARLES L.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Rows include 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, etc.

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: _____ 1-30-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0082640

CR2E037 (9/96)