

**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 # N15305 (8)  
1. Corporation Name  
THE GOLF & SEA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 809 GOLF & SEA BLVD B4 APOLLO BCH FL 33572  
Mailing Address: 3105 CREEKDALE CT BRANDON FL 33511 US

3. Date Incorporated or Qualified: 06/05/1986  
3a. Date of Last Report: 04/27/1995

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	809 Golf and Sea Blvd.	59-2798784	Not Applicable
22	22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State	B4	<input type="checkbox"/>	
23	23	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip	Apollo Beach, FL	<input type="checkbox"/>	
24	25	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country	33572		
		30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WARING, WM. L 3105 CREEKDALE CT BRANDON FL 33511	81 Name: Max L. Farlow 82 Street Address (P.O. Box Number is Not Acceptable): 809 Golf and Sea Blvd. B4 83 84 City: Apollo Beach FL 85 Zip Code: 33572

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: *Max L. Farlow* DATE: 4-2-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PDT
NAME	FARLOW, MAX L.	1.2 NAME	Farlow, Max L.
STREET ADDRESS	103 6TH ST. N.W.	1.3 STREET ADDRESS	809 Golf and Sea Blvd B4
CITY-ST-ZIP	RUSKIN FL	1.4 CITY-ST-ZIP	Apollo Beach, FL 33572
TITLE	DST	2.1 TITLE	DVPS
NAME	WARING, WM. L	2.2 NAME	Ronald V. Schmidt
STREET ADDRESS	3105 CREEKDALE CT	2.3 STREET ADDRESS	809 Golf and Sea Blvd A2
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	Apollo Beach, FL 33572
TITLE	DVP	3.1 TITLE	D
NAME	INTEMAN, WARREN	3.2 NAME	Lillian Whitelam
STREET ADDRESS	809 GOLF & SEA BLVD	3.3 STREET ADDRESS	809 Golf and Sea Blvd B2
CITY-ST-ZIP	APOLLO BEACH FL	3.4 CITY-ST-ZIP	Apollo Beach, FL 33572
TITLE	D	4.1 TITLE	
NAME	INTEMAN, EMLIE	4.2 NAME	
STREET ADDRESS	809 GOLF & SEA BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BCH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WARING, MARIE D	5.2 NAME	
STREET ADDRESS	3105 CREEKDALE CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Max L. Farlow* DATE: 4-2-96 DAYTIME PHONE #: 645-9574

CR2E037 (12/95)