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Feb 04 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 # N15305 (8)  
1. Corporation Name  
THE GOLF & SEA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
809 GOLF & SEA BLVD B4 APOLLO BCH FL 33572  
809 GOLF & SEA BLVD STE B-4 APOLLO BCH FL 33572 US

3. Date Incorporated or Qualified 06/05/1986  
3a. Date of Last Report 04/09/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 809 GOLF AND SEA BLVD. UNIT B4  
22 City & State 27 Suite, Apt. #, etc.  
23 City & State 28 City & State  
24 Zip 25 Country 29 Zip 30 Country

4. FEI Number 59-2798784 Applied For Not Applicable  
6. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
FARLOW, MAX L.  
809 GOLF & SEA BLVD  
STE B-4  
APOLLO BEACH FL 33572  
MAX & MARGENE FARLOW  
809 GOLF & SEA BLVD. #B-4  
APOLLO BEACH, FL 33572

10. Name and Address of New Registered Agent  
61 Name  
62 Street Address (P.O. Box Number is Not Acceptable)  
63  
64 City FL 65 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE PDT  
NAME FARLOW, MAX L.  
STREET ADDRESS 809 GOLF & SEA BLVD, STE B-4  
CITY-ST-ZIP APOLLO BEACH FL  
TITLE DVPS  
NAME SCHMIDT, RONALD V.  
STREET ADDRESS 809 GOLF & SEA BLVD, A-2  
CITY-ST-ZIP APOLLO BEACH FL  
TITLE D  
NAME WHITELAM, LILLIAN  
STREET ADDRESS 809 GOLF & SEA BLVD, B-2  
CITY-ST-ZIP APOLLO BEACH FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

*You mistyped this address  
it should be -  
Golf and Sea Blvd.*

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: *Max L. Farlow* MAX L. FARLOW JAN 26 1997 813 645 9574

CR2E037 (9/96)