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Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30292** (9)

1. Corporation Name

**SEAPORT MASTER ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**VILLAGES OF SEAPORT  
8850 N. ATLANTIC AVE.  
CAPE CANAVERAL FL 32920  
US**

**8850 N. ATLANTIC AVE  
STE. 5000  
CAPE CANAVERAL FL 32920  
US**

3. Date Incorporated or Qualified

**01/20/1989**

4. FEI Number

**59-2761375**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Certificate of Status Desired ☐

**\$8.75 Additional**

**Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be**  
**Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TODD JAMES  
BEACH PARK LANE  
COCOA BEACH FL 32920**

81 Name **BECKER & POLIAKOFF, P.A.**

82 Street Address (P.O. Box Number is Not Acceptable) **c/o C. JOHN CHRISTENSEN, ESQ.**

83 **500 Winderley Place, Suite 104**

84 City **Maitland** **FL** 85 Zip Code **32751**

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]* **ESQ.**

**3/20/98**

DATE

12. OFFICERS AND DIRECTORS

NOTE: Registered Agent signature required when reinstating)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **TODD JAMES**  
STREET ADDRESS **418 BEACH PARK LANE**  
CITY-ST-ZIP **CAPE CANAVERAL FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE

NAME **DRAHL, WILLIAM**  
STREET ADDRESS **5939 MARLBERRY DRIVE**  
CITY-ST-ZIP **ORLANDO F**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE

NAME **MCHUGH, THOMAS**  
STREET ADDRESS **121 SEAPORT BLVD.**  
CITY-ST-ZIP **CAPE CANAVERAL FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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:

*[Signature]*

**3-16-98**

**(407) 784-1400**

CR2E037 (10/97)