

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 # **N34636** (3)

1. Corporation Name

SEABROOKE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2331 BELLEAIR RD.
STE. B
CLEARWATER FL 34624
US

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STE. B
CLEARWATER FL 34624
US

3. Date Incorporated or Qualified
10/12/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2981210

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

~~CUSTOM COMMUNITY MANAGEMENT, INC.
2331 BELLEAIR RD-STE B
CLEARWATER FL 34624~~

81 Name **NASSER, WILLIAM J.
C/O C & N Property Management, Inc.**

82 Street Address (P.O. Box Number is Not Acceptable)
2697- B Sunset Point Road

84 City **Clearwater, FL**

85 Zip Code **FL 34619**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

William J. Nasser

WILLIAM J. NASSER

4/17/96

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	AGER, SIMON	
STREET ADDRESS	2323 BELLEAIR RD.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ESTRADA, MIGUEL D	
STREET ADDRESS	1973 PROMENADE WAY	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARLOW, DOUGLAS	
STREET ADDRESS	1961 PROMENADE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gallo, Gerry	
1.3 STREET ADDRESS	3159 Shoreline Drive	
1.4 CITY-ST-ZIP	Clearwater, FL 34620	
2.1 TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ESTRADA MIGUEL D	SAME
2.3 STREET ADDRESS	1973 PROMENADE WAY	
2.4 CITY-ST-ZIP	CLEARWATER, FL. 34624	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Glover, Louise	
3.3 STREET ADDRESS	3062 Overlook Place	
3.4 CITY-ST-ZIP	Clearwater, FL 34620	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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(5)(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, as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

4/11/96

Bank deposit \$61.25

CR2E037 (12/95)