FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N45073** **(6)**

1. Corporation Name
SEAFOAM OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
812-814 FLEMING ST. KEY WEST FL 33040	812-814 FLEMING ST. KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/09/1991
3a. Date of Last Report: 08/11/1994
4. FEI Number: 65-0282333 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HALLORAN, GEORGE
16B HILTON HAVEN DRIVE
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mail-in filing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	S D	☒ Change ☐ Addition
NAME	KLINGENER, NANCY	12 NAME	Klingener, Nancy	
STREET ADDRESS	812 FLEMING ST.	13 STREET ADDRESS	812 Fleming Street #7	
CITY ST ZIP	KEY WEST FL 33040	14 CITY ST ZIP	Key West FL 33040	
TITLE	SD	21 TITLE	TD	☒ Change ☐ Addition
NAME	MACMINN, LINDA	22 NAME	MacMinn, Linda	
STREET ADDRESS	812 FLEMING ST.	23 STREET ADDRESS	812 Fleming Street #1	
CITY ST ZIP	KEY WEST FL 33040	24 CITY ST ZIP	Key West FL 33040	
TITLE	TD	31 TITLE	PD	☐ Change ☒ Addition
NAME	BOYLE, CHERYL	32 NAME	Nichols, Stephen	
STREET ADDRESS	812 FLEMING STREET, SUITE 3	33 STREET ADDRESS	812 Fleming Street #6	
CITY ST ZIP	KEY WEST FL	34 CITY ST ZIP	Key West FL 33040	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: Linda MacMinn 4/18/95 305 296 5597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #