

**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 # **N93000002569 (2)**

1. Corporation Name  
**SEASIDE AT BELLEAIR I CONDOMINIUM ASSOCIATION, I NC.**



Principal Place of Business: 220 BELLEVIEW BLVD. BELLEAIR FL 34616 US  
Mailing Address: 220 BELLEVIEW BLVD. BELLEAIR FL 34616 US

|                                |                     |                     |                     |   |  |  |  |
|--------------------------------|---------------------|---------------------|---------------------|---|--|--|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>06/01/1993</b>  |  | 3a. Date of Last Report<br><b>02/15/1995</b> |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>59-3206211</b>  |  | Applied For<br>Not Applicable                |  |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required        |  |
| 23                             | Zip                 | 28                  | Country             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |  | <b>\$5.00</b> May Be Added to Fees           |  |
| 24                             | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |

|   |  |  |  |  |  |    |    |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent                                     |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| LEIGHTON, LENNARD A.<br>1700 MCMULLEN BOOTH ROAD<br>SUITE C3<br>CLEARWATER FL 34619 |  |  |  | 81   | Name   |    |    |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|   |  |  |  | 83   |  |    |    |
|   |  |  |  | 84   | City   | FL | 85 |

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 |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------|---|--|
| TITLE                      | DP                        | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | GRIFFITH, ALLEN           | 1.2 NAME  |  |
| STREET ADDRESS             | 1 SEASIDE LANE, SUITE 702 | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BELLEAIR FL               | 1.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      | DS                        | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | FARLOW, ANN               | 2.2 NAME  |  |
| STREET ADDRESS             | 1 SEASIDE LANE, #304      | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BELLEAIR FL               | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DT                        | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MALLORY, GEORGE           | 3.2 NAME  |  |
| STREET ADDRESS             | 1 SEASIDE LANE, SUITE 504 | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BELLEAIR FL               | 3.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                      | DVP                       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | JOHNSON, WILBUR           | 4.2 NAME  |  |
| STREET ADDRESS             | 1 SEASIDE LANE #802       | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BELLEAIR FL               | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DVP                       | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | NEWMAN, DON               | 5.2 NAME  |  |
| STREET ADDRESS             | 1 SEASIDE LANE #801       | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BELLEAIR FL               | 5.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: *Allen Griffith* 15 Feb '96 442-5960  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Allen Griffith, President

CR2E037 (12/95)