

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 222077 (0)

1. Corporation Name

SEA CREST APARTMENTS, INC.



Principal Place of Business

1129 SEASIDE DR
SARASOTA FL 34242

Mailing Address

1129 SEASIDE DR
SARASOTA FL 34242

3. Date Incorporated or Qualified
04/02/1959

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

BONACORSI, EDWARD R.
45 MIMOSA DRIVE
SARASOTA FL 34232

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☒ Change ☐ Addition

NAME
PD
BONACORSI, ED
45 MIMOSA DR.
SARASOTA FL

1.2 NAME

STREET ADDRESS
3526 S. THREE B, S&K RD

1.3 STREET ADDRESS

CITY-STATE-ZIP
GALENA OH

1.4 CITY-STATE-ZIP

SARASOTA FL 34232

SECRETARY - SD

☒ Change ☐ Addition

TITLE ☒ DELETE

2.1 TITLE

NAME
MORRISON, ROBERT
3526 S. THREE B, S&K RD
GALENA OH

2.2 NAME

STREET ADDRESS
440 GULF OF MEXICO DR.

2.3 STREET ADDRESS

CITY-STATE-ZIP
LONG BOAT KEY FL

2.4 CITY-STATE-ZIP

GALENA, OH 43021

☒ Change ☐ Addition

TITLE ☐ DELETE

3.1 TITLE

NAME
WRIGHT, BARBARA
440 GULF OF MEXICO DR.
LONG BOAT KEY FL

3.2 NAME

STREET ADDRESS
2080 GREENVIEW

3.3 STREET ADDRESS

CITY-STATE-ZIP
ANN ARBOR MI

3.4 CITY-STATE-ZIP

ANN ARBOR, MI 48103

☒ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE

NAME
RICCI, ROBERT
6111 WYNDWOOD DR.
CRYSTAL LAKE IL 60014

4.2 NAME

STREET ADDRESS
5575 ROSELAND DR

4.3 STREET ADDRESS

CITY-STATE-ZIP
GALENA OH

4.4 CITY-STATE-ZIP

7074 HORIZONS CIRCLE

WINDERMERE FL 34786

VICE PRESIDENT - VD

☒ Change ☐ Addition

GALENA OH 43021

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ed R. Bonacorsi* Ed R. BONACORSI PD 1/17/96 813378-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)