

FILE NOW: FILING FEE IS \$61.25

1-2

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 746348 (2)
1. Corporation Name
SEAGROVE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
ELLIOTT MERRILL MANAGEMENT
1105-12TH ST
VERO BCH FL 32960
US

3. Date Incorporated or Qualified **03/20/1979** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2043643** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

MERRILL, CRAIG
ELLIOTT MERRILL MANAGEMENT
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name **Elliott, Richard D.**
82 Street Address (P.O. Box Number is Not Acceptable)
40 Elliott Merrill Mgmt.
83 **1105 12th Street**
84 City **Vero Beach** FL 85 Zip Code **32960**

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 *Richard D. Elliott*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CUNNISON, NANCY	
STREET ADDRESS	336 EGRET LANE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PARK, NANCY	
STREET ADDRESS	1785 PELICAN WAY	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FESS, NICHOLAS	
STREET ADDRESS	1770 SAND DOLLAR WAY	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VERGENS, WILLIAM	
STREET ADDRESS	1759 CORAL WAY NORTH	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUGGINS, NAT	
STREET ADDRESS	1795 CEDAR LANE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STARR, RICK	
STREET ADDRESS	336 OCEAN WAY	
CITY-ST-ZIP	VERO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marshall, Gordon	
1.3 STREET ADDRESS	1779 Cypress Lane	
1.4 CITY-ST-ZIP	Vero Beach, FL 32963	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Miller, William	
4.3 STREET ADDRESS	106 Ocean Way	
4.4 CITY-ST-ZIP	Vero Beach, FL 32963	
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Monteith, Anita	
6.3 STREET ADDRESS	1785 Sand Dollar Way	
6.4 CITY-ST-ZIP	Vero Beach, FL 32963	

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96

Date

Daytime Phone #

407-731-0920

CR2E037 (12/95)

ADDITIONAL DIRECTORS
SEAGROVE PROPERTY OWNERS ASSOCIATION, INC.

13. X-ADDITION
D

BARKHORN, EDWARD
115 OCEAN WAY
VERO BEACH, FL 32973

ANN.FIL