FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham

Secretariod State S

1996

DOCUMENT # 722831

(5)

SEA TERRACE CONDOMINIUM ASSOCIATION, INC.

SEA TERHACE CUNDOMINIUM ASSOCIATION, INC.						
Principal Place	of Business	Mailing Address		T HARRIN LANGUA HIGHA HARBA HARBA	ILEN DIBIR DIDIR GRENI DIGIL DIBIN DIDIR NUBI	
209 SE 6TH	ST	209 SE 6TH ST				
#9 BOYNTON BEACH FL 33435 US		#9 Boynton Beach FL 33435 US				
				3. Date incorporated or Qualified	3a. Date of Last Report	
				03/06/1972 4. FEI Number	05/01/1995 Applied For	
2. Principal Pla	ace of Business	2a. Mailing Address 26 209 315.	6th 51.	59-1114218	Not Applicable	
21 2/9 Suite, Apt.,	#. etc.	Suite, Apt. #, etc.	<i>w</i> 91.		\$8.75 Additional	
22 #	1	27 # /		5. Certificate of Status Desired	Fee Required	
City & State	B ; M	City & State	1 51	6. Election Campaign Financing	\$5.00 May Be	
23 Doyn	ion Deach, Th	28 100 4 nton 12	Country	Trust Fund Contribution	Added to Fees	
Zip / 24 334	a Country	29 33435	30 //.5	8. This corporation has liability for in Florida Statutes	Yes No	
24 337	9. Name and Address of Currer			10. Name and Address of New Re	gistered Agent	
			81 Name			
Edis J	ACQUELYN		82 Street Add	ress (P.O. Box Number is Not Acceptable	9) _	
1017 NW 7TH ST			209	209 3.15 60 St #		
BOYNTON BCH FL 33426						
Dy IIII V	511 5011 12 00 120		84 City/2	2	85 Zip Code /	
				nton Beach	FL 33435	
11. Pursuant t	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes,	the above-named corporation's boa	ration submits this statement for the purp	lose of changing its registered office intment as registered agent. I am	
familiar wi	th, and accept the obligations of, Sec	tion 617.0503, Florida Statutes	by the corporation's boo	and of directors. I hereby accept the appo	11 - 0 01	
SIGNATURE	1.0 lesuation	K.A. Maush	AN Pres Registered Agent signature require	11	4-29-96	
	Signature, typied or printed name of registered agen	1 Marie 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Registered Agent signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
12.	OFFICERS AN	ID DIRECTORS DELETE		~ · · · · · · · · · · · · · · · · · · ·		
NAME	ELLIS, JACQUELINE L	20	12 NAME	Monahan, Rich	ard =	
STREET ADDRESS	1017 NW 7TH ST		1.3 STREET ADDRESS	209 SIE, 640 St.	#2	
CITY-ST-ZIP	BOYNTON BCH FL	•	1.4 CITY - ST - ZIP	Oynton Beach, Fl.	. 334 <i>35</i>	
TITLE	ST	DELETE	21 TITLE	ST-N	Change Addition	
NAME	DUMMETT, SALLY	,	2 2 NAME	Dumme Dumme	xt. Sully	
STREET ADDRESS	209 SE 6TH ST APT #1		2 3 STREET ADDRESS	209511	らんゆ らん	
CITY - ST - ZIP	BOYNTON BCH FL	,	2 4 CITY-ST-ZIP	Boynton	Bearly F 1.3343	
TITLE	D	□ ØELETE	3 1 TITLE	7	Charge Chadition	
NAME	BAUM, WALTER		3.2 NAME	Gram, Richar	~d	
STREET ADDRESS	209 SE 6TH ST #11		3 3 STREET ADDRESS	209 515.64 5+		
CITY-ST-ZIP	BOYNTON BCH FL		3 4. CITY - ST - ZIP	poynton Beach,	11 33735	
TITLE	D	₽ DELETE	4.1 TITLE	•	Change Addition	
NAME	LEMNAH, SUZANNE		4. 2 NAME			
STREET ADDRESS	209 SE 6TH		4.3 STREET ADDRESS			
CITY - ST - ZIP	BOYNTON BCH FL		44 CITY - ST - ZIP		Change Addit on	
TITLE	D	DELETE	5 1 TITLE	മതിനാനി 1 93		
NAME	LUGI, TUFANO		5 2 NAME	90000183 -05/22/96010	3 303 3 12012	
STREET ADDRESS	209 SE 6TH ST 2#12		5 3 STREET ADDRESS	***61.25	15 015	
CITY-ST-ZIP	BOYNTON BCH FL	Florier	5.4 CITY - ST - ZIP	キキキDi. △3	Change Addition	
TITLE		DELETE	61 TITLE		U change L radiition	
NAME			6.2 NAME		>. 2\	
STREET ADDRESS			63 STREET ADDRESS		6.	
CITY-ST-ZIP	by andity that the information as notice	t with this filing is voluntarily furnis	64 CITY-ST-ZIP	for the exemption stated in Section 119.	.07(3)(k), Florida Statutes. I further	
I TAL IND DOTO	ny remay inai ine idiormation subblied	a word this milicus voluntarily turnis	nea ana aost not addilly	TOTAL DESCRIPTION STATEMENT DESIGNATION.	5 . (5)(-y) . (5)(-3)(-5)(-5)(-5)(-5)(-5)(-5)(-5)(-5)(-5)(-5	

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: Sully Dummett 4/29/96 11/2Day Dummett 4/29/96 11/2Day Tree Priories 3/4-1853