


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746348 (2)
1. Corporation Name
SEAGROVE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business ELLIOTT MERRILL MANAGEMENT 1105-12TH ST VERO BCH FL 32960 US	Mailing Address ELLIOTT MERRILL MANAGEMENT 1105-12TH ST VERO BCH FL 32960-3718 US
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3. Date Incorporated or Qualified 03/20/1979	3a. Date of Last Report 04/23/1996
4. FEI Number 59-2043643	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELLIOTT, RICHARD D
C/O ELLIOTT MERRILL MGMT.
1105 12TH ST
VERO BEACH FL 32960**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	MARSHALL, GORDON
STREET ADDRESS	1779 CYPRESS 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	D <input type="checkbox"/> DELETE
NAME	MILLER, WILLIAM
STREET ADDRESS	106 OCEAN WAY
CITY-ST-ZIP	VERO BEACH FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	HUGGINS, NAT
STREET ADDRESS	1795 CEDAR LANE
CITY-ST-ZIP	VERO BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MONTEITH, ANITA
STREET ADDRESS	1785 SAND DOLLAR WAY
CITY-ST-ZIP	VERO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Zervalis, Peter
2.3 STREET ADDRESS	1705 Pelican Way
2.4 CITY-ST-ZIP	VERO BEACH FL 32963
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Long Randy
3.3 STREET ADDRESS	1776 Cedar Lane
3.4 CITY-ST-ZIP	VERO BEACH FL 32963
4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gainsboro, Leonard
5.3 STREET ADDRESS	245 Ocean Way
5.4 CITY-ST-ZIP	VERO BEACH FL 32963
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: *W J Miller* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97

Date

Daytime Phone # 0020459

CR2E037 (9/96)

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ADDITIONAL DIRECTORS
SEAGROVE PROPERTY OWNERS ASSOCIATION, INC.

D
BARKHORN, EDWARD
115 OCEAN WAY
VERO BEACH, FL 32963