

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 710260 (1)
1. Corporation Name
SEA CASTLE ASSOCIATION INC.

Principal Place of Business Mailing Address
1001-1019 SEASIDE DRIVE 1001-1019 SEASIDE DRIVE
SARASOTA FL 34242 SARASOTA FL 34242



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/25/1966		3a. Date of Last Report 02/20/1996	
21		26		4. FEI Number 59-0830089		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PASKIET, JAMES W.
1019 SEASIDE DR.
SARASOTA FL 34242

81 Name LILLIAN S. JOHNSON
82 Street Address (P.O. Box Number is Not Acceptable)
1001-1019 SEASIDE DRIVE
83 SARASOTA, FLORIDA
84 City FL 85 Zip Code 34242

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 LILLIAN S. JOHNSON Lillian S. Johnson Sept. 8, 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTLER, RICHARD	1.2 NAME	NELSON, THOM
STREET ADDRESS	1011 SEASIDE DR	1.3 STREET ADDRESS	1003 SEASIDE DR
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, ORVILLE	2.2 NAME	
STREET ADDRESS	1013 SEASIDE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, CLARK	3.2 NAME	
STREET ADDRESS	1015 SEASIDE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMAN, WILLIAM	4.2 NAME	
STREET ADDRESS	1001 SEASIDE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASKIET, JAMES W.	5.2 NAME	
STREET ADDRESS	1019 SEASIDE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	5.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHLEBOWSKI, LILLIAN	6.2 NAME	LILLIAN S. JOHNSON
STREET ADDRESS	1009 SEASIDE DR	6.3 STREET ADDRESS	1009 SEASIDE DR
CITY-ST-ZIP	SARASOTA, FL 00000	6.4 CITY-ST-ZIP	SARASOTA, FLORIDA - 34242

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: LILLIAN S. JOHNSON SIGNATURE REQUIRED: LILLIAN S. JOHNSON 9/11/97 9:11-3311

CR2E037 (4/97)