

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710260

1. Corporation Name

SEA CASTLE ASSOCIATION INC.

Principal Place of Business

1001-1019 SEASIDE DRIVE
SARASOTA FL 34242

Mailing Address

1001-1019 SEASIDE DRIVE
SARASOTA FL 34242



| | | | | | |
|---|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 01/25/1966 | |
| 22 | City & State | 27 | City & State | 4. FEI Number | |
| 23 | Zip | 28 | Zip | 59-0830089 | |
| 24 | Country | 29 | Country | 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 | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| NELSON, DALE 1003 SEASIDE DRIVE SARASOTA FL 34242 | | | | 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|--|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| D | RYAN, PENNY | <input type="checkbox"/> DELETE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 1011 SEASIDE DR | 1.3 STREET ADDRESS | Nelson, Dale |
| CITY-ST-ZIP | SARASOTA FL | 1.4 CITY-ST-ZIP | 1003 Seaside Dr |
| D | CLARK, ORVILLE | 2.1 TITLE | VP |
| STREET ADDRESS | 1013 SEASIDE DR | 2.2 NAME | Nelson, Thom |
| CITY-ST-ZIP | SARASOTA FL | 2.3 STREET ADDRESS | 1003 Seaside Dr. |
| D | HARRISON, CLARK | 2.4 CITY-ST-ZIP | Sarasota, FL 34242 |
| STREET ADDRESS | 1015 SEASIDE DR | 3.1 TITLE | Tom Carroll |
| CITY-ST-ZIP | SARASOTA, FL 00000 | 3.2 NAME | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| D | AMAN, WILLIAM | 3.3 STREET ADDRESS | |
| STREET ADDRESS | 1001 SEASIDE DRIVE | 3.4 CITY-ST-ZIP | |
| CITY-ST-ZIP | SARASOTA, FL 00000 | 4.1 TITLE | P. |
| D | PASKET, IRMGARD | 4.2 NAME | Carroll, Tom |
| STREET ADDRESS | 1019 SEASIDE DR | 4.3 STREET ADDRESS | 1017 Seaside Dr |
| CITY-ST-ZIP | SARASOTA, FL 00000 | 4.4 CITY-ST-ZIP | Sarasota, FL 34242 |
| T | RASH, LILLIAN S | 5.1 TITLE | |
| STREET ADDRESS | 1009 SEASIDE DR | 5.2 NAME | |
| CITY-ST-ZIP | SARASOTA, FL 00000 | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| | | 6.1 TITLE | |
| | | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

4. I 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

CR2E037 (11/98)