

FILE NOW: FILING FEE IS \$61.25

FILED
May 08 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 # 711706 1. Corporation Name SEASIDE GARDENS CIVIC ASSOCIATION INC																																																																																																																																																			
Principal Place of Business 462 63rd St Holmes Beach, FL 34217		Mailing Address P O Box 1603 Holmes Beach, FL 34218																																																																																																																																																	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29																																																																																																																																																	
3. Date Incorporated or Qualified 10/27/66		3a. Date of Last Report 11/27/96																																																																																																																																																	
4. FEI Number 59-1202374		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																																																																																																																																																	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		8.																																																																																																																																																	
9. Name and Address of Current Registered Agent Edwards, Lee R 462 63rd St Holmes Beach, FL 34217		10. Name and Address of New Registered Agent 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 <i>Lee R Edwards</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>4/18/97</i>																																																																																																																																																			
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>DS</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>Skene, Wyla</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>419 63rd St</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Holmes Beach, FL 34217</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>Edwards, Lee R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>462 63rd Street</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Holmes Beach, FL 34217</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>Verostec, Frank</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>424 62nd St</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Holmes Beach, FL 34217</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>Collins, Bruce</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>407 63rd St</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Holmes Beach, FL 34217</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>Eldridge, Jack</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>28 Seaside Ct</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Holmes Beach, FL 34217</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>Blair, Dave</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Seaside Ct</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Holmes Beach, FL 34217</td> <td></td> </tr> </table>		TITLE	DS	☐ DELETE	NAME	Skene, Wyla		STREET ADDRESS	419 63rd St		CITY-ST-ZIP	Holmes Beach, FL 34217		TITLE	PD	☐ DELETE	NAME	Edwards, Lee R		STREET ADDRESS	462 63rd Street		CITY-ST-ZIP	Holmes Beach, FL 34217		TITLE	VPD	☐ DELETE	NAME	Verostec, Frank		STREET ADDRESS	424 62nd St		CITY-ST-ZIP	Holmes Beach, FL 34217		TITLE	D	☒ DELETE	NAME	Collins, Bruce		STREET ADDRESS	407 63rd St		CITY-ST-ZIP	Holmes Beach, FL 34217		TITLE	D	☒ DELETE	NAME	Eldridge, Jack		STREET ADDRESS	28 Seaside Ct		CITY-ST-ZIP	Holmes Beach, FL 34217		TITLE	D	☒ DELETE	NAME	Blair, Dave		STREET ADDRESS	Seaside Ct		CITY-ST-ZIP	Holmes Beach, FL 34217		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>DS</td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>Skene, Wyla</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>446 62nd St</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>Holmes Beach, FL 34217</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>2.1 TITLE</td> <td></td> <td></td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>100002183651</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>-05/13/97--01151--008</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td>VPD</td> <td>☒ Change ☐ Addition</td> </tr> <tr> <td>3.2 NAME</td> <td>Vejrostec, Frank</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td>P O Box 1904 424 62nd St</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td>Anna Maria, FL 34216 HOLMES BEACH, FL 34217</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>4.1 TITLE</td> <td>D</td> <td></td> </tr> <tr> <td>4.2 NAME</td> <td>Minturn, Judy</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td>456 63rd St</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td>Holmes Beach, FL 34217</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td>D</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>5.2 NAME</td> <td>Zadarosni, Jeffery</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td>440 62nd St</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td>Holmes Beach, FL 34217</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td>TD</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>6.2 NAME</td> <td>Haas-Martens, Sandra K</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td>464 63rd St</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td>Holmes Beach, FL 34217</td> <td></td> </tr> </table>		1.1 TITLE	DS	☒ Change ☐ Addition	1.2 NAME	Skene, Wyla		1.3 STREET ADDRESS	446 62nd St		1.4 CITY-ST-ZIP	Holmes Beach, FL 34217	☐ Change ☐ Addition	2.1 TITLE			2.2 NAME			2.3 STREET ADDRESS	100002183651		2.4 CITY-ST-ZIP	-05/13/97--01151--008		3.1 TITLE	VPD	☒ Change ☐ Addition	3.2 NAME	Vejrostec, Frank		3.3 STREET ADDRESS	P O Box 1904 424 62nd St		3.4 CITY-ST-ZIP	Anna Maria, FL 34216 HOLMES BEACH, FL 34217	☐ Change ☒ Addition	4.1 TITLE	D		4.2 NAME	Minturn, Judy		4.3 STREET ADDRESS	456 63rd St		4.4 CITY-ST-ZIP	Holmes Beach, FL 34217		5.1 TITLE	D	☐ Change ☒ Addition	5.2 NAME	Zadarosni, Jeffery		5.3 STREET ADDRESS	440 62nd St		5.4 CITY-ST-ZIP	Holmes Beach, FL 34217		6.1 TITLE	TD	☐ Change ☒ Addition	6.2 NAME	Haas-Martens, Sandra K		6.3 STREET ADDRESS	464 63rd St		6.4 CITY-ST-ZIP	Holmes Beach, FL 34217	
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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: <i>Sandra K Haas-Martens</i> Date <i>4/18/97</i> 941-778-7888 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #																																																																																																																																																			

CR2E037 (9/96)