## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

FILED									
Jan 23 1998	8 8:00am								
Secretary	of State								

1. Corporation Name (2)								ŀ						
SEASIDE GARDENS CIVIC ASSOCIATION, INC.														
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Principal Place of Business Mailing Address										/ <b>11// 1</b> // 1//				
482 63RD ST		-	,#	O. BOX 1603										
HOLMES BEAG	CH FL 34217			HOLMES BEACH FL 34218					3. Date Incorporated or Qualified  10/27/1966  4. FEI Number Applied For					
US								F						
									59-1202374			<del>,</del>	Applicable	
2. Principal F	Place of Busin	IOSS	2a. 26	Mailing Address	Address				5. Certificate of Status Desire	ed 🔲			ditional	
Suite, Apt.	. #, etc.			Suite, Apt. #, etc.				6. Election Campaign Financ		\$5.0	Requ Ma			
22 City & Stat	to.		27	City & State				Trust Fund Contribution		Adde	d to F	908		
23			28					7. Is this nonprofit corporation a homeowners association?						
Zip		Country		Zip	ip Country				8. This corporation owes or has paid the current year Intangible					
24		25 and Address of Curre	29	Second Amond	30	_			Personal Property Tax due					
	₹, 118(l)v	BUO WOOLARD OF COLLAR	ur ueāis	lered Ageni	8	1	Name	1	0. Name and Address of Ne	W Hegistere	d Agent			
EDWAR	IDS. LEE R				Ĺ	$\perp$	· · · · · · · · · · · · · · · · · · ·	1-1	(0.0 B) N E-14 ALIA					
462 63F					6	۱,	Street Ad	adaress	(P.O. Box Number is Not Acc	:eptable)				
	S BEACH F	L 34217			8	3								
					8	4	City				<b>. 85</b> Z	ip Co	de	
44 Diverset	to the proviet	and of Contions 617 OF	00 and 6	47 4500 Florido Provi	#0 obo		-		Article and the state of the st	F		•		
office or i	registered age	ent, or both, in the State	of Floric	17.1508, Florida Statut da. Such change was r	es, the abo authorized i	ve-	the corpo	corpora oration	tion submits this statement for s board of directors. I hereby	the purpose accept the ap	ot chang:n ppointment	g its re	egisterea gistered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named conflice or registered agent, or both, in the State of Florida. Such change was authorized by the corpulation. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE										dala	1 Q.			
	Signature, typed r	or printed name of registered ag-			E: Registered A	gent	t signature re	equired w		DATE				
12.	DS	OFFICERS AN	ID DIREC	DELETE DELETE	13.		T	DS	ADDITIONS/CHANGES TO	OFFICERS AN				
TITLE NAME	MAN A AUGUS							Sk	ene, Wyla		-X_2Y Chang	)e L	Addition	
STREET ADDRESS	462 63RI					12 NAME 13 STREET ADDRESS H			2 62nd St Imes Beach, Fl					
CITY-ST-ZIP	HOLMES BEACH FL 34217				1.4 City-St-Zip			347	217					
TITLE	PD			DELETE		2.1 TITLE					☐ Chang	je [	Addition	
NAME		DS, LEE R			2.2 NAME	2.2 NAME								
STREET ADDRESS	462 63RI				2.3 STREET ADDRESS  2.4 CITY-SL-ZIP  3.1 TITLE VPD									
CITY-ST-ZIP		BEACH FL 34217		☐ DELETE	2. 4 CITY	-SL	<del>iPD</del>	TIGT	rostec, Frank		4F-Uni	<del></del>	1 4 4 4 10 1 4 4	
TITLE NAME	VPD	EC, FRANK		☐ verese					fosted, Frank 4 62nd St		<b>K</b> Chang	je L	Addition	
STREET ADDRESS	424 63RI				3.2 NAME 3.3 STREE		habeee		lmes Beach, Fl					
CITY-ST-ZIP		BEACH FL 34217			3.3 STREE			342	217					
TITLE	D	DE 10111 - 1011		DELETE	4.1 TITLE	_	- 211	D	<del>- ' '  </del>		Chang	e Į	Addition	
NAME	MINTURN	VOUL		▼	4. 2 NAM	E	ŀ		ung,David				_	
STREET ADDRESS	456 63RI	D ST			4.3 STREE	ET AL	DDRESS		Seaside Ct					
CITY-ST-ZIP	-				4.4 CITY-ST-ZIP		Ho.	lmes Beach, Fl	34217					
TITLE	D	A		DELETE	5.1 TITLE	CATITIC ID		ע Ricl	hard Rettin		☐ Chang	ie F	Addition	
NAME		SNI, <b>JE</b> FFERY			5.2 NAME		2	444	hard Bettin 62nd St					
STREET ADDRESS	440 62NI	BEACH FL 34217			5.3 STREE			Holr	mes Beach, Fl 3	34217				
CITY-ST-ZIP TITLE	TD	DENOTI PL 34211		DELETE	5.4 CITY - 6.1 TITLE		ZIP			<del> </del>	☐ Chang		Addition	
NAME		ARTENS, SANDRA K		C becele	6.2 NAME						CT CHAIR	• L	AUGILION	
STREET ADDRESS	464 63RI				6.3 STREE		DDRESS							
CITY-ST-ZIP		BEACH FL 34217			6.4 CITY-									

14. 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 13 I changed, or on an attachment with an address.

7/17/00

941-778-7008