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Apr 24 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 # **717177** (0)

1. Corporation Name

SEAGATE OF HIGHLAND CONDOMINIUMS, INC.



Principal Place of Business SEAGATE OF HIGHLAND HIGHLAND BEACH FL 33487 US	Mailing Address 3224 S OCEAN BLVD HIGHLAND BEACH FL 33487-2508 US
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3. Date Incorporated or Qualified 09/16/1969	3a. Date of Last Report 04/24/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1441222	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27	6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GREKOWICZ, STEVEN
3224 S OCEAN BLVD
HIGHLAND BEACH FL 33487**

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

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 checked="" type="checkbox"/> DELETE
NAME	NICHOFF, JIM	
STREET ADDRESS	3224 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BCH, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	POSTMA, HOWARD	
STREET ADDRESS	3224 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SVENSTRUP, ROSALIND	
STREET ADDRESS	3224 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ULLRICH, ARTHUR	
STREET ADDRESS	3224 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EMERSON, LAWRENCE	
STREET ADDRESS	3224 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BCH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD JOHN SHOOKS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	3224 S OCEAN BLVD	
1.3 STREET ADDRESS	HIGHLAND BCH, FL 33487	
1.4 CITY-ST-ZIP		
2.1 TITLE	T HOWARD POSTMA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	3224 S. OCEAN BLVD	
2.3 STREET ADDRESS	HIGHLAND BCH, FL 33487	
2.4 CITY-ST-ZIP		
3.1 TITLE	S ROSALIND SVENSTRUP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	3224 S. OCEAN BLVD	
3.3 STREET ADDRESS	HIGHLAND BCH, FL 33487	
3.4 CITY-ST-ZIP		
4.1 TITLE	V RONALD LINSKEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	3224 S OCEAN BLVD	
4.3 STREET ADDRESS	HIGHLAND BCH, FL 33487	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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:

Rosalind Svenstrup
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97
Date

Daytime Phone # 0039589

CR2E037 (9/96)