


**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90023 017 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 717177</b> 1. Corporation Name <b>SEAGATE OF HIGHLAND CONDOMINIUMS, INC.</b>		
Principal Place of Business SEAGATE OF HIGHLAND HIGHLAND BEACH FL 33487 US	Mailing Address 3224 S OCEAN BLVD HIGHLAND BEACH FL 33487 US	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/16/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1441222
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		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	
GREKOWICZ, STEVEN 3224 S OCEAN BLVD HIGHLAND BEACH FL 33487		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOOKS, JOHN	1.2 NAME	
STREET ADDRESS	3224 S OCEAN BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH FL	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	2nd Vice President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POSTMA, HOWARD	2.2 NAME	George Carlson
STREET ADDRESS	3224 S OCEAN BLVD	2.3 STREET ADDRESS	3224 South Ocean Blvd
CITY-ST-ZIP	HIGHLAND BEACH FL	2.4 CITY-ST-ZIP	Highland Beach, FL 33487
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVENSTRUP, ROSALIND	3.2 NAME	
STREET ADDRESS	3224 S OCEAN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, ELIAS	4.2 NAME	
STREET ADDRESS	3310 S OCEAN BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH FL 33487	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOUMAS, CHRIS	5.2 NAME	
STREET ADDRESS	3224 S OCEAN BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH FL 33487	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Assist. Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Niehoff	6.2 NAME	
STREET ADDRESS	3212 S. Ocean Blvd.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Highland Beach, FL 33487	6.4 CITY-ST-ZIP	

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN M. GREKOWICZ Date: 4-14-99 (561) 276-5130  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)