FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:19

DOCUMENT # **733715** **(7)**

1. Corporation Name

SEA SHELL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6500 MIDNIGHT PASS ROAD SARASOTA FL 34242-2599	6500 MIDNIGHT PASS ROAD SARASOTA FL 34242-2599

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1975
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-1848247 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

CLARK, WILLIAM D
479 ALBEE FARM RD
VENICE FL 34292-1203

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 607.0502 and 607.1508, 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 607.0505, 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	1.1 TITLE		☐ Change ☐ Addition
NAME	MEENTEMEYER, MAGGIE	1.2 NAME		
STREET ADDRESS	2845 FOX FIRE DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO 63129	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	DEBBANE, ESTELLE	2.2 NAME		
STREET ADDRESS	9477 HAWKS MOOR LN	2.3 STREET ADDRESS	9477 HAWKSMOOR LN	
CITY-ST-ZIP	SARASOTA FL 34238	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	DEFRANCO, ANTHONY	3.2 NAME		
STREET ADDRESS	PO BOX 417 N/A	3.3 STREET ADDRESS	2123 SAW MILL LN	
CITY-ST-ZIP	ALLENWOOD NJ 08720	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☒ Change ☐ Addition
NAME	CARDELLA, JAMES	4.2 NAME	(Delete)	
STREET ADDRESS	947 OCEAN BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	HAMPTON NH 03842	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	VEGLIANTE, JOSEPH	5.2 NAME		
STREET ADDRESS	310 MAIN ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	EAST HAVEN CT 06512	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	TD	☐ Change ☒ Addition
NAME		6.2 NAME	CURRAN SMITH	
STREET ADDRESS		6.3 STREET ADDRESS	6206 KELLOGG DR	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MC LEAN VA 22101	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Maggie Meentemeyer Pres. 2/13/95 349-1191
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0010007