

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified 09/03/1975	3a. Date of Last Report 04/14/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 85 Zip Code FL
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEENTEMEYER, MAGGIE 2845 FOX FIRE DR ST LOUIS MO 63129 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V/D MEENTEMEYER, MAGGIE 2845 FOX FIRE DR. ST LOUIS MO 63129 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEBBANE, ESTELLE 9477 HAWSKMOOR LANE SARASOTA FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S/D DEBBANE, ESTELLE 9477 HAWSKMOOR LANE SARASOTA FL ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEFRANCO, ANTHONY 2123 SAW MILL LANE ALLENWOOD NJ ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D DEFRANCO, ANTHONY 2123 SAW MILL LANE ALLENWOOD, NJ ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEGLIANTE, JOSEPH 310 MAIN ST EAST HAVEN CT 06512 ☒ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, CURRAN 6206 KELLOGG DR MC LEAN VA ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	P/D SMITH, CURRAN 6206 KELLOGG DR MC LEAN, VA ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JAMES KILBURG 1225 S. LINCOLN AVE. PARK RIDGE, IL 60068 ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	T/D JAMES KILBURG 1225 S. LINCOLN AVE. PARK RIDGE, IL 60068 ☐ Change ☒ Addition

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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)