

FILE NOW: FILING FEE IS \$61.25

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Jun 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
6500 MIDNIGHT PASS ROAD SARASOTA FL 34242-2507

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	22	23	24	09/03/1975	05/01/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
City & State		City & State		59-1848247	Not Applicable
Zip		Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Country		Country		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 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CLARK, WILLIAM D
478 ALBEE FARM RD
VENICE FL 34292-1203

10. Name and Address of New Registered Agent
81 Name: WALTER HAMMERLING
82 Street Address (P.O. Box Number is Not Acceptable): ARQUS Property Management
83 City: 2100 Constitution
84 City: SARASOTA FL 85 Zip Code: 34231

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: *Managing Agent 4-20-97* DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MEENTEMEYER, MAGGIE	
STREET ADDRESS	2045 FOX FIRE DR	
CITY - ST - ZIP	ST LOUIS MO	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DEBBANE, ESTELLE	
STREET ADDRESS	0477 HAWSKMOOR LANE	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEFRANCO, ANTHONY	
STREET ADDRESS	2123 SAW MILL LANE	
CITY - ST - ZIP	ALLENWOOD NJ	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JAMES KILBURG	
STREET ADDRESS	1225 S LINCOLN AVE	
CITY - ST - ZIP	PARK RIDGE IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, CURRAN	
STREET ADDRESS	6206 KELLOGG DR	
CITY - ST - ZIP	MC LEAN VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CURRAN SMITH	
1.3 STREET ADDRESS	6206 KELLOGG DRIVE	
1.4 CITY - ST - ZIP	MCLEAN, VA 22101	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JAMES KILBURG	
2.3 STREET ADDRESS	1225 S. LINCOLN AVENUE	
2.4 CITY - ST - ZIP	PARK RIDGE, IL 60068	
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOSEPH SAN GIACOMO	
3.3 STREET ADDRESS	110 KENT DRIE	
3.4 CITY - ST - ZIP	ROSELAND, NJ 07068	
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GARY BELTRANI	
4.3 STREET ADDRESS	9 RED BRIDGE COURT	
4.4 CITY - ST - ZIP	EAST SATAUKET, NY 11733	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MICHAEL GUNNING	
5.3 STREET ADDRESS	313 GLYN CAGNEY	
5.4 CITY - ST - ZIP	BALLWIN, MO 63021	
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.

CFR2037 (9/96)