

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **733715** (7)
1. Corporation Name
SEA SHELL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 6500 MIDNIGHT PASS ROAD SARASOTA FL 34242-2599	Mailing Address 6500 MIDNIGHT PASS ROAD SARASOTA FL 34242-2599
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3. Date Incorporated or Qualified

09/03/1975

4. FEI Number

59-1848247

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAMMERLING, WALTER
ARGUS PROPERTY MANAGEMENT
2100 CONSTITUTION
SARASOTA FL 34231**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

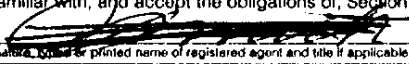
84 City

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	SMITH, CURRAN	
STREET ADDRESS	6206 KELLOG DR	
CITY-STATE-ZIP	MCLEAN VA	

TITLE	VPD	☐ DELETE
NAME	KILBURG, JAMES	
STREET ADDRESS	1225 S LINCOLN AVE	
CITY-STATE-ZIP	PARK RIDGE IL	

TITLE	SD	☐ DELETE
NAME	SAN GIACOMO, JOSEPH	
STREET ADDRESS	110 KENT DR	
CITY-STATE-ZIP	ROSELAND NJ	

TITLE	TD	☐ DELETE
NAME	BELTRANI, GARY	
STREET ADDRESS	9 RED BRIDGE COURT	
CITY-STATE-ZIP	EAST SATALUKET NY	

TITLE	D	☐ DELETE
NAME	GUNNING, MICHAEL	
STREET ADDRESS	313 GLYN CAGNEY	
CITY-STATE-ZIP	BALWIN MO	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	SMITH, CURRAN	
1.3 STREET ADDRESS	4617 26TH ST N.	
1.4 CITY-STATE-ZIP	ARLINGTON VA 22207	

2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		

3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		

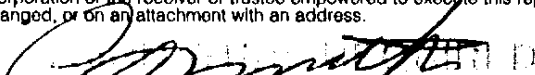
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		

5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		

6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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.

SIGNATURE:



2/17/98

703-807-0057

CR2E037 (10/97)