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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

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

3. Date Incorporated or Qualified: 09/03/1975

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. 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HAMMERLING, WALTER
ARGUS PROPERTY MANAGAMENT
2100 CONSTITUTION
SARASOTA FL 34231

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 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	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SMITH, CURRAN		1.2 NAME	SMITH, CURRAN	
STREET ADDRESS	6206 KELLOG DR		1.3 STREET ADDRESS	4617 26th ST N	
CITY-ST-ZIP	MCLEAN VA		1.4 CITY-ST-ZIP	ARLINGTON VA 22207	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KILBURG, JAMES		2.2 NAME		
STREET ADDRESS	1225 S LINCOLN AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PARK RIDGE IL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SAN GIACOMO, JOSEPH		3.2 NAME		
STREET ADDRESS	110 KENT DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROSELAND NJ		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BELTRANI, GARY		4.2 NAME		
STREET ADDRESS	9 RED BRIDGE COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	EAST SATAUKET NY		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GUNNING, MICHAEL		5.2 NAME		
STREET ADDRESS	313 GLYN CAGNEY		5.3 STREET ADDRESS		
CITY-ST-ZIP	BALWIN MO		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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