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 JAN 24 AM 9:23

DOCUMENT # 734320 (5)

1. Corporation Name
SEAHORSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ROBERT K. HARRIS 955 FT PICKENS ROAD, UNIT N PENSACOLA BEACH FL 32561-5232	C/O ROBERT K. HARRIS 955 FT PICKENS ROAD, UNIT N PENSACOLA BEACH FL 32561-5232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1975
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-1648564 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HARRIS, ROBERT K.
955 FT PICKENS ROAD, UNIT N
PENSACOLA BEACH FL 32561

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	HARRIS, ROBERT K	1.2 NAME	
STREET ADDRESS	955 FT PICKENS RD UNIT N	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WINGFIELD, ROY	2.2 NAME	
STREET ADDRESS	P.O. BOX 1061 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREESE FL 32562	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	~~MENGE, SANDRA~~	3.2 NAME	BLAUVELT DAVID
STREET ADDRESS	~~4080 DUNWOODY~~	3.3 STREET ADDRESS	955 FT PICKENS Rd UNIT L
CITY-ST-ZIP	~~PENSACOLA FL 32503~~	3.4 CITY-ST-ZIP	PENSACOLA BEACH FL. 32561
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	~~HUDSON, NADINE~~	4.2 NAME	RICHEY Robbie
STREET ADDRESS	~~955 FT. PICKENS RD D~~	4.3 STREET ADDRESS	955 FT. PICKENS Rd Unit R
CITY-ST-ZIP	~~PENSACOLA BEACH FL~~	4.4 CITY-ST-ZIP	PENSACOLA BEACH FL. 32561
TITLE		5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	KILLINGER LISA
STREET ADDRESS		5.3 STREET ADDRESS	955 FT. PICKENS Rd Unit H
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PENSACOLA BEACH FL. 32561
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Robert K Harris Robert K. HARRIS January 15 1995 704-932-2864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021500