

FILE FEE IS \$61.25

CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 04 1998 8:00am
Secretary of State

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

3. Date Incorporated or Qualified

11/13/1975

4. FEI Number

59-1648564

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

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HARRIS, ROBERT K
STREET ADDRESS 955 FT PICKENS RD UNIT N
CITY-ST-ZIP PENSACOLA BCH, FL 00000

TITLE D
NAME ~~BEAUMONT, DAVID~~
STREET ADDRESS ~~955 FT PICKENS RD UNIT 1~~
CITY-ST-ZIP ~~PENSACOLA BEACH FL~~

TITLE D
NAME RICHEY, ROBBIE
STREET ADDRESS 955 FT. PICKENS RD. UNIT R
CITY-ST-ZIP PENSACOLA BEACH FL

TITLE D
NAME KILLINGER, LISA
STREET ADDRESS 955 FT. PICKENS RD. UNIT H
CITY-ST-ZIP PENSACOLA BEACH FL

TITLE D
NAME ~~BAYNOR, PAUL~~
STREET ADDRESS ~~955 FT PICKENS RD UNIT G~~
CITY-ST-ZIP ~~PENSACOLA BCH FL~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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: Robert K Harris REQUIRED

January 15 98
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