

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 739995 (9)**

1. Corporation Name  
**THE SEAMIST CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **275 BEACH ROAD TEQUESTA FL 33469**  
Mailing Address: **275 BEACH ROAD TEQUESTA FL 33469**

3. Date Incorporated or Qualified: **08/24/1977**  
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-1813281**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**INGLIS, STEVE  
C/O BRISTOL MANAGEMENT  
103 S. U.S. 1, #F5-135  
JUPITER FL 33477**

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: *Steve Inglis* (Typed name: Steve Inglis) DATE: **3-24-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: BAREFOOT, ROBERT	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 275 BEACH RD	CITY-ST-ZIP: TEQUESTA, FL 00000	1.2 NAME:	
1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	NAME: ABERSON, JOHN	2.2 NAME:	
STREET ADDRESS: 275 BEACH RD.	CITY-ST-ZIP: TEQUESTA, FL 00000	2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE: <del>SD</del>	NAME: GALLETTY, ROBERT	3.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 275 BCH RD	CITY-ST-ZIP: TEQUESTA, FL 00000	3.2 NAME:	
3.3 STREET ADDRESS:		3.4 CITY-ST-ZIP:	
TITLE: <del>D</del>	NAME: SCHEUERMAN, WALTER	4.1 TITLE: SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 275 BEACH RD	CITY-ST-ZIP: TEQUESTA, FL 00000	4.2 NAME:	
4.3 STREET ADDRESS:		4.4 CITY-ST-ZIP:	
TITLE: TD	NAME: BOLTON, JOHN	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 275 BEACH ROAD	CITY-ST-ZIP: TEQUESTA, FL 00000	5.2 NAME:	
5.3 STREET ADDRESS:		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		6.2 NAME:	
6.3 STREET ADDRESS:		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)(k), 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: *Steve Inglis* (Typed name: Steve Inglis) DATE: **3-24-96**

CR2E037 (12/95)