

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 33469-2867
--	---

3. Date Incorporated or Qualified 08/24/1977	3a. Date of Last Report 04/01/1996
4. FEI Number 59-1813281	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

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. 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 Steve Inglis DATE **3-11-97**
Signature, by self or printed name of registered agent must be applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAREFOOT, ROBERT	
STREET ADDRESS	275 BEACH RD	
CITY-ST-ZIP	TEQUESTA, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ABERSON, JOHN	
STREET ADDRESS	275 BEACH RD.	
CITY-ST-ZIP	TEQUESTA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALLETT, ROBERT	
STREET ADDRESS	275 BCH RD	
CITY-ST-ZIP	TEQUESTA, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHEUERMAN, WALTER	
STREET ADDRESS	275 BEACH RD	
CITY-ST-ZIP	TEQUESTA, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BOLTON, JOHN	
STREET ADDRESS	275 BEACH ROAD	
CITY-ST-ZIP	TEQUESTA, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
3.1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2. NAME	Jackson, Milton
3.3. STREET ADDRESS	275 Beach Rd
3.4. CITY-ST-ZIP	Tequesta, FL 33469
4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2. NAME	
4.3. STREET ADDRESS	
4.4. CITY-ST-ZIP	
5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2. NAME	
5.3. STREET ADDRESS	
5.4. CITY-ST-ZIP	
6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2. NAME	
6.3. STREET ADDRESS	
6.4. CITY-ST-ZIP	

14. I do 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: [Signature]

CR2E037 (9/96)