

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 742503 (6)

1. Corporation Name
SEA CLUB II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
5955 MIDNIGHT PASS ROAD SARASOTA FL 34242

3. Date Incorporated or Qualified **04/18/1978** 3a. Date of Last Report **01/23/1995**

21	2. Principal Place of Business	2a	2a. Mailing Address	4	FEI Number 59-1873189	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.			Not Applicable
23	City & State	27	City & State	5	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARK, WILLIAM D
479 ALBEE FARM ROAD
VENICE FL 34292**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'REILLY, FRANCIS C	1.2 NAME	
STREET ADDRESS	448 LOIS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEISEN, MICHEAL	2.2 NAME	
STREET ADDRESS	6207 KINMORE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEARBORN HEIGHTS MI	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALOY, MICHEAL	3.2 NAME	
STREET ADDRESS	1145 AVON ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SCHNECTADY NY	3.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNKER, FRED	4.2 NAME	
STREET ADDRESS	8839 WARUF DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORTAGE MI	4.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN TRIES, RICHARD	5.2 NAME	
STREET ADDRESS	6136 MIDDLEBURG RD BOX 84	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEYMAR MD	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUTTLE, TED	6.2 NAME	
STREET ADDRESS	2401 STANNYE CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	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: *Michael L. Theisen* Michael L. Theisen 1-18-96 3493857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)