

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995

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

FILED  
1995 AUG -3 AM 9:18  
TALLAHASSEE, FLORIDA

DOCUMENT # 749393 (5)  
1. Corporation Name  
**SEAGATE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business: 19418 GULF BLVD. APT. 401 INDIAN SHORES FL 34635  
Mailing Address: 19418 GULF BLVD. APT. 401 INDIAN SHORES FL 34635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1979  
3a. Date of Last Report: 04/27/1994  
4. FEI Number: 59-2143789  
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  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
2a. Mailing Address  
26  
27  
28  
29  
30

9. Name and Address of Current Registered Agent  
WEYLIE, WALLACE J.D.  
417 FIRST ST.  
INDIAN ROCKS BEACH FL 34635

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 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 fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO BROWN, JAMES L. 4856 ARROWHEAD DR. KETTERING OH	1.1 TITLE	Sec./D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	same address
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	DS WALLACE, J.D. W. 19418 GULF BLVD. #401 INDIAN SHORES FL	2.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	same address
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	TD KAESTNER, ART 19418 GULF BLVD. #300 delete INDIAN SHORES FL	3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	KAESTNER, JOANNE
STREET ADDRESS		3.3 STREET ADDRESS	19418 GULF BLVD #306
CITY - ST - ZIP		3.4 CITY - ST - ZIP	INDIAN SHORES, FL
TITLE	DV SORACE, RICHARD A. 16502 AVILA BLVD TAMPA FL	4.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	same address
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D MEEKS, ROBERT 19418 GULF BLVD. #107 delete INDIAN SHORES FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 protection provided in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report. I understand that the information 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: Joanne M. Kaestner July 27 1995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JOANNE M. KAESTNER, TREASURER