

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 # 749393 (5)

1. Corporation Name
SEAGATE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2700 EASTBAY DR #107
LARGO FL 34641
US**

Mailing Address
**2700 EASTBAY DR. #107
LARGO FL 34641
US**

3. Date Incorporated or Qualified **10/18/1979** 3a. Date of Last Report **08/03/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	PAREKH, COMMONS + Co.	4. FEI Number	59-2143789	Applied For	
22	Suite, Apt. #, etc.	27	same	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required		
23	City & State	28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees		
24	Zip	25	Country	29	Zip	30	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			
WEYLIE, WALLACE J.D. 417 FIRST ST. INDIAN ROCKS BEACH FL 34635				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	SD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BROWN, JAMES L.			1.2 NAME			
STREET ADDRESS	4856 ARROWHEAD DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	KETTERING OH			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WALLACE, J.D. W.			2.2 NAME			
STREET ADDRESS	19418 GULF BLVD. #401			2.3 STREET ADDRESS			
CITY-ST-ZIP	INDIAN SHORES FL			2.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KAESTNER, JOANNE			3.2 NAME			
STREET ADDRESS	19418 GULF BLVD #308			3.3 STREET ADDRESS			
CITY-ST-ZIP	INDIAN SHORES FL			3.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SORACE, RICHARD A.			4.2 NAME			
STREET ADDRESS	16502 AVILA BLVD			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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 the same 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: Joanne Kaestner 1-31-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)