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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749393 (5)

1. Corporation Name
SEAGATE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2700 EASTBAY DR #107 LARGO FL 34041 US	Mailing Address PAREKH, COMMONS & CO 2700 EASTBAY DRIVE 107 LARGO FL 34041 US
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3. Date Incorporated or Qualified 10/18/1979	3a. Date of Last Report 02/07/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 33771 Country 24	Zip 33771 Country 29

4. FEI Number 59-2143789	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WEYLIE, WALLACE J.D.
417 FIRST ST. 350 GULF BLVD.
INDIAN ROCKS BEACH FL 33785**

10. Name and Address of New Registered Agent

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

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 *W. Wylie* DATE **1/18/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	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	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, J.D. W.	2.2 NAME	WEYLIE, WALLACE J.D.
STREET ADDRESS	19418 GULF BLVD. #401	2.3 STREET ADDRESS	350 GULF BLVD. #401
CITY-ST-ZIP	INDIAN SHORES FL	2.4 CITY-ST-ZIP	INDIAN SHORES, FL 33785
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAESTNER, JOANNE	3.2 NAME	
STREET ADDRESS	19418 GULF BLVD #306	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES FL	3.4 CITY-ST-ZIP	
TITLE	PD	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		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 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: *W. Wylie* DATE: **1/18/97** DAYTIME PHONE: **813-596-9071**

CR2E037 (9/96)