

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

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



|  |  |
|--|--|
| Principal Place of Business<br><b>2700 EASTBAY DR #107<br/>LARGO FL 33771<br/>US</b> | Mailing Address<br><b>PAREKH, COMMONS &amp; CO<br/>2700 EASTBAY DRIVE 107<br/>LARGO FL 3371<br/>US</b> |
|--|--|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>10/18/1979</b>  |  |
| 4. FEI Number<br><b>59-2143789</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 7. Is this nonprofit corporation a homeowners association?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                       |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |
| 25. Country                    | 30. Country             |

9. Name and Address of Current Registered Agent

**WEYLIE, WALLACE J.D.  
350 GULF BLVD  
INDIAN ROCKS BEACH FL 33705**

10. Name and Address of New Registered Agent

|  |
|--|
| 81. Name   |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83.  |
| 84. City   |
| 85. Zip Code<br><b>FL 33785</b>                        |

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

|                |  |
|----------------|--|
| TITLE          | <b>SD</b> <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>BROWN, JAMES L</b>                                |
| STREET ADDRESS | <b>4858 ARROWHEAD DR.<br/>KETTERING OH</b>           |
| CITY-ST-ZIP    |  |
| TITLE          | <b>VPD</b> <input type="checkbox"/> DELETE           |
| NAME           | <b>WALLACE, J.D. W.</b>                              |
| STREET ADDRESS | <b>19418 GULF BLVD. #401<br/>INDIAN SHORES FL</b>    |
| CITY-ST-ZIP    |  |
| TITLE          | <b>PD</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>SORACE, RICHARD A.</b>                            |
| STREET ADDRESS | <b>16502 AVILA BLVD<br/>TAMPA FL</b>                 |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> DELETE                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> DELETE                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>PD WALLACE J.D.W.</b>   |
| 2.3 STREET ADDRESS | <b>19418 GULF BLVD #401</b>  |
| 2.4 CITY-ST-ZIP    | <b>INDIAN SHORES FL 33785</b>  |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>VPD SORACE, RICHARD A.</b>  |
| 3.3 STREET ADDRESS | <b>16502 AVILA BLVD</b>  |
| 3.4 CITY-ST-ZIP    | <b>TAMPA FL 33613-1031</b>   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | <b>SD SUSAN CARPENTER</b>  |
| 4.3 STREET ADDRESS | <b>11932-99th AVE. N.</b>  |
| 4.4 CITY-ST-ZIP    | <b>SEMINOLE FL 33772</b>   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | <b>TD RICHARD ELSNER</b>   |
| 5.3 STREET ADDRESS | <b>4740 N. ALLAMANDRA DR</b>   |
| 5.4 CITY-ST-ZIP    | <b>BEVERLY HILLS FL 34465</b>  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | <b>D CHARLES HILL</b>  |
| 6.3 STREET ADDRESS | <b>185 BELLAC</b>  |
| 6.4 CITY-ST-ZIP    | <b>TALLAHASSEE FL 32303</b>  |

14. I 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: \_\_\_\_\_ DATE: **03/27/98** 813-596-9071

CF2E037 (10/97)