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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 749393

1. Corporation Name

SEAGATE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2700 EASTBAY DR #107
 LARGO FL 33771
 US

Mailing Address

PAREKH. COMMONS & CO
 2700 EASTBAY DRIVE 107
 LARGO FL 3371
 US



2. Principal Place of Business

21 **19418 GULF BLVD**

Suite, Apt. #, etc.

22 **INDIAN SHORES FL**

City & State

23 **33785 US**

Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/18/1979

4. FEI Number

59-2143789

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** DELETE
 NAME **CARPENTER, SUSAN**
 STREET ADDRESS **11932 99TH AVENUE N**
 CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **PD** DELETE
 NAME **WALLACE, J.D. W.**
 STREET ADDRESS **19418 GULF BLVD #401**
 CITY-ST-ZIP **INDIAN SHORES FL 33785**

TITLE **VTD** DELETE
 NAME **SORACE, RICHARD A.**
 STREET ADDRESS **16502 AVILA BLVD**
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE **TD** DELETE
 NAME **ELSNER, RICHARD**
 STREET ADDRESS **4740 N ALLAMANDRA DRIVE**
 CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **D** DELETE
 NAME **HILL, CHARLES**
 STREET ADDRESS **185 BELLAC**
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

W. Weylie
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/03/99
 Date

727-576-9078
 Daytime Phone #

CR2E037 (1/98)