

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90048 038 \*\*\*\*\*61.25

**40044602**



<b>DOCUMENT # 749393</b> 1. Entity Name <b>SEAGATE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>19418 GULF BLVD INDIAN SHORE, FL 33785 US</b>			Mailing Address <b>300 S. DUNCAN AVE., SUITE 2208 CLEARWATER, FL 33755 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2143789</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WEYLIE, WALLACE J.D. 350 GULF BLVD INDIAN ROCKS BEACH, FL 33705</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SORACE, RICHARD DR.</b> <b>1205 KINGS WAY</b> <b>NOKOMIS, FL 34275</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WEYLIE, J.D. WALLACE</b> <b>19418 GULF BLVD #401</b> <b>INDIAN SHORES, FL 33785</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SORACE, RICHARD A.</b> <b>1205 KINGS WAY</b> <b>NOKOMIS, FL 342751892</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HILL, CHARLES</b> <b>185 BELLAC</b> <b>TALLAHASSEE, FL 32303</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PLUMLEE, PAT</b> <b>417 FIRST ST.</b> <b>INDIAN ROCKS BEACH, FL 33785</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VILA, HECTOR DR.</b> <b>4304 AZEELE ST.</b> <b>TAMPA, FL 33609</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Hill, Charles</b> <b>3970 Bellac Rd</b> <b>Tallahassee, FL 32303</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>White, Mike</b> <b>729 Argyle Place</b> <b>Temple Terrace FL 33617</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>Wallace J.D. Wylie</u></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<b>1 Apr 2/05 727-596-9078</b> Date Daytime Phone #					