


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

02-20-2006 90031 033 ****61.25

DOCUMENT # 749393			
1. Entity Name SEAGATE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 19418 GULF BLVD INDIAN SHORE, FL 33785 US		Mailing Address 300 S. DUNCAN AVE., SUITE 220B CLEARWATER, FL 33755 US	
2. Principal Place of Business		3. Mailing Address <i>Cl. Richard Commons, P.A.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 300 S. Duncan Ave., Ste 220B	
City & State		City & State Clearwater, FL	
Zip	Country	Zip	Country
33755	US	33755	US
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. Name and Address of Current Registered Agent WEYLIE, WALLACE J.D. 350 GULF BLVD INDIAN ROCKS BEACH, FL 33705		7. Name and Address of New Registered Agent Name <i>Wallace Weylie</i> Street Address (P.O. Box Number is Not Acceptable) <i>19418 Gulf Blvd., #401</i> City <i>Indian Shores</i> FL Zip Code <i>33785</i>	
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 <i>Wallace J. Weylie</i>		WALLACE J. WEYLIE <i>04/11/06</i>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORACE, RICHARD DR.	NAME	
STREET ADDRESS	1205 KINGS WAY	STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS, FL 34275	CITY-ST-ZIP	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEYLIE, J.D. WALLACE	NAME	
STREET ADDRESS	19418 GULF BLVD #401	STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES, FL 33785	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, MIKE	NAME	
STREET ADDRESS	729 ARGYLE PLACE	STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	CITY-ST-ZIP	
TITLE	T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, CHARLES	NAME	
STREET ADDRESS	3970 BELLAC ROAD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUMLEE, PAT	NAME	
STREET ADDRESS	417 FIRST ST.	STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
SIGNATURE: <i>Wallace J. Weylie</i>		WALLACE J. WEYLIE <i>04/11/06</i> <i>727-596-9698</i>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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