


04/11/08 90051 026 \$61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAY - 9 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749393			
1. Entity Name SEAGATE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 19418 GULF BLVD INDIAN SHORE, FL 33785 US		Mailing Address C/O RICHARD COMMENS, P.A. 300 S DUNCAN AVE., SUITE 2208 CLEARWATER, FL 33755 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03272008		Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2143789		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEYLIE, WALLACE J.D. 19418 GULF BLVD #401 INDIAN ROCKS BEACH, FL 33785		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signatures, typed or printed name of registered agent and title of applicant. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RASCH, MARK 11149 MANCHESTER RD KIRKWOOD, MO 63122 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Vranic, Scott Colony Park Management P.O. Box 1074 Indian Rocks Beach, FL 33785 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEYLIE, J.D. WALLACE 19418 GULF BLVD #401 INDIAN SHORES, FL 33785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sorace, Richard 1205 Kings Way Nokomis, FL 34275-1892 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, GREGORY S 13308 GOLF CREST CIRCLE TAMPA, FL 33616 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILL, CHARLES 3970 BELLAC ROAD TALLAHASSEE, FL 32303 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILL, CHARLES 3970 BELLAC ROAD TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PLUMLEE, PAT 417 FIRST ST. INDIAN ROCKS BEACH, FL 33785 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PLUMLEE, PAT 417 FIRST ST. INDIAN ROCKS BEACH, FL 33785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <u>Wallace J. Wylie</u> WALLACE J. WEYLIE		Date: 04/07/2008 727-586-9688	

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