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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751871 (5)

1. Corporation Name
SEA TREAT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
2110 GULF BLVD PO BOX 763 INDIAN ROCKS BCH FL 34635	2110 GULF BLVD PO BOX 763 INDIAN ROCKS BCH FL 33785-0763

3. Date Incorporated or Qualified 04/03/1980	3a. Date of Last Report 04/17/1996
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21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2027109	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARION L MILLER 155 COE RD BELLEAIR FL 34616	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BENCOMO, JOAN 2202 PARKWOOD DR VALRICO, FL 00000	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D HEANEY, KEVIN 2110 GULF BLVD INDIAN ROCKS FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST MILLER, MARION 155 COE RD BELLEAIR, FL 00000	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D MAGES, ELMER 10170 EDELWEISS CRCL. SHAWNEE MISSION KS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D TOMBLIN, WILLIAM 1360 ABBEY CRESCENT LN CLEARWATER FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D LEHNER, ALWIN 1706 BELLEAIR FOREST DR BELLEAIR FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

No longer resident/owner or Assoc. member/director.

14. I do 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: Marion L. Miller (Marion L. Miller) Date: 5/2/97 (813) 443-0326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 005251

CR2E037 (9/96)