
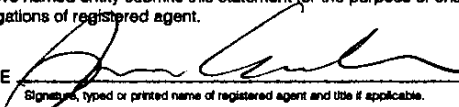



2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 758626 1. Entity Name SEAGULL TOWNHOMES CONDOMINIUM ASSOCIATION, INC.						FILED 07 SEP 18 AM 9: 59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3717 NE 160TH ST NORTH MIAMI BEACH, FL 33160 US				Mailing Address 3717 NE 160TH ST N MIAMI BEACH, FL 33160			
2. Principal Place of Business - No P.O. Box # 16850-112 collins Ave				3. Mailing Address 16850-112 collins Ave			
Suite, Apt. #, etc. Suite 181				Suite, Apt. #, etc. Suite 181			
City & State North miami Beach, FL				City & State North miami Beach, FL			
Zip 33160		Country USA		Zip 33160		Country USA	
4. FEI Number 59-2398184				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent UNITED FINANCIAL PROPERTY MANAGEMENT 3717 NE 168TH ST NORTH MIAMI BEACH, FL 33160				7. Name and Address of New Registered Agent Name United Financial Property Mgmt Street Address (P.O. Box Number is Not Acceptable) 16850-112 collins Ave Suite 181 City North miami Beach, FL Zip Code 33160			
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 				Gules Coballeras			
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MPATSIOS, JUANA 16850 - 112 COLLINS AVE BOX 181 NORTH MIAMI BEACH, FL 33160			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T MPATSIOS, JUANA 16850-112 collins Ave # 181 North miami Beach, FL 33160		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINN, SAMUEL L 16850 - 112 COLLINS AVE BOX 181 NORTH MIAMI BEACH, FL 33160			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President 16850-112 collins Ave # 181		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROGERS, SUZANA 3717 NE 160TH STREET NORTH MIAMI BEACH, FL 33160			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300109562303 09/18/07--01020--003 **70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRADAS, MARCIA 16850 - 112 COLLINS AVE BOX 181 NORTH MIAMI BEACH, FL 33160			TITLE NAME STREET ADDRESS CITY-ST-ZIP	16850-112 collins Ave # 181		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUROSS, JEANNE 16850 - 112 COLLINS AVE BOX 181 NORTH MIAMI BEACH, FL 33160			TITLE NAME STREET ADDRESS CITY-ST-ZIP	7/9/19		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLSON, JENNIFER 16850 - 112 COLLINS AVE BOX 181 NORTH MIAMI BEACH, FL 33160			TITLE NAME STREET ADDRESS CITY-ST-ZIP	305-498-3949		
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: 				Samuel Winn			
Signature and typed or printed name of signing officer or director				Date			
Daytime Phone #				305-498-3949			