

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **763738** (2)

1. Corporation Name
SEASIDE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: P O BOX 4957 SANTA ROSA BCH. FL 32459
Mailing Address: P O BOX 4957 SANTA ROSA BCH. FL 32459

3. Date Incorporated or Qualified: **06/17/1982**
3a. Date of Last Report: **03/15/1995**

2. Principal Place of Business		2a. Mailing Address	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

4. FEI Number 59-2581325	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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			
MCFARLAND, CONNIE SEASIDE/ HOLL BLDG C 30 A SANTA ROSA BCH FL 32459				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD NOONAN, BRUCE <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOONAN, BRUCE	1.2 NAME	
STREET ADDRESS	3810 PLAZA ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	1.4 CITY-ST-ZIP	
TITLE	VD COOPER, LIBBY <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, LIBBY	2.2 NAME	
STREET ADDRESS	2911 CHAPIN AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	TD PETERSON, RALPH <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, RALPH	3.2 NAME	
STREET ADDRESS	5400 PARK AVENUE APT. 219	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	3.4 CITY-ST-ZIP	
TITLE	SD WILDER, SUSAN <input type="checkbox"/> DELETE	4.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDER, SUSAN	4.2 NAME	
STREET ADDRESS	1699 SPRINGCREEK RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTEVALLO AL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Jim Freeman
STREET ADDRESS		5.3 STREET ADDRESS	216 Glenarlock Rd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tryon NC 28782
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sandra B. Mortham* **2/29/96** 305-854-0580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)