


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 763738 (2)**  
1. Corporation Name  
**SEASIDE I HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>P O BOX 4957 SANTA ROSA BCH. FL 32459</b>	Mailing Address <b>P O BOX 4957 SANTA ROSA BCH. FL 32459-4957</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/17/1982</b>	3a. Date of Last Report <b>03/06/1996</b>
21	22	23	24	25	26
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		4. FEI Number <b>59-2581325</b>	Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Country		Country		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			
<b>McFARLAND, CONNIE SEASIDE/ HOLL BLDG C 30 A SANTA ROSA BCH FL 32459</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	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 \_\_\_\_\_ (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	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOONAN, BRUCE</b>	1.2 NAME	
STREET ADDRESS	<b>3810 PLAZA ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COOPER, LIBBY</b>	2.2 NAME	<b>Roger Mathis</b>
STREET ADDRESS	<b>2811 CHAPIN AVENUE</b>	2.3 STREET ADDRESS	<b>1262 Greenview Lane</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	<b>Gulf Breeze FL 32561</b>
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FREEMAN, JIM</b>	3.2 NAME	<b>T Karen Tucker</b>
STREET ADDRESS	<b>216 GLENARNOCK ROAD</b>	3.3 STREET ADDRESS	<b>3214 Andrews Ct.</b>
CITY-ST-ZIP	<b>TRYON NC</b>	3.4 CITY-ST-ZIP	<b>Atlanta GA 30305</b>
TITLE	<b>STB S</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILDER, SUSAN</b>	4.2 NAME	<b>S</b>
STREET ADDRESS	<b>1699 SPRINGCREEK RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MONTEVALLO AL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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: *Bruce Noonan* 2/17/97 305

CR2E037 (9/96)