


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90239 001 ****61.25

0072818

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763865
1. Corporation Name
SEAVIEW TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
~~195 WOODETTE DR~~ 197 WOODETTE DR
DUNEDIN FLORIDA 34698

Mailing Address
~~195 WOODETTE DR~~ 197 WOODETTE DR
DUNEDIN FLORIDA 34698



2. Principal Place of Business 21 197 WOODETTE DR	2a. Mailing Address 26 197 WOODETTE DR	3. Date Incorporated or Qualified 06/22/1982
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2213353
23 City & State DUNEDIN FL	28 City & State DUNEDIN FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 34698	25 Country FLORIDA	29 Zip 34698
30 Country FLORIDA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent SOWDER, HELEN L. 195 WOODETTE DR DUNEDIN FL 34698	10. Name and Address of New Registered Agent 81 Name SCALI, JAMES H. 82 Street Address (P.O. Box Number is Not Acceptable) 197 WOODETTE DR 83 84 City DUNEDIN FL 85 Zip Code 34698
--	--

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 JAMES H. SCALI
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 1-31-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME SOWDER, HELEN L. STREET ADDRESS 195 WOODETTE DR. CITY-ST-ZIP DUNEDIN FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME SOWDEN SMITH 1.3 STREET ADDRESS 193 WOODETTE DR 1.4 CITY-ST-ZIP DUNEDIN FL 34698	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME STIFF, CARY STREET ADDRESS 199 WOODETTE DRIVE CITY-ST-ZIP DUNEDIN FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME SCALI, JAMES H. STREET ADDRESS 197 WOODETTE DRIVE CITY-ST-ZIP DUNEDIN FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-31-99 727-736-2001

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)