SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

co	PROPRATION IUAL REPORT		Sandra Secre	ARTMENT OF STATE B. Mortham tary of State F CORPORATIONS		Aug 12 199 Secretary		
DOCUMENT: # 766716 (5) SEABURY POINT PROPERTY OWNER'S ASSOCIATION, INC.						,	Nav sali sali	
Principal Place of Business Mailing Address								
CHERYL VAUGHN, TREASURER 1623 SEABURY POINT RD. N.W. PALM BAY FL 32807			CHERYL VAUGHN. TRESURER 1623 SEABURY POINT RD. N.W. PALM BAY FL 32907			Date Incorporated or Qualified 01/26/1983 FEI Number	<u> </u>	
US		US				NOT APPLICABLE		Applied For Not Applicable
<u> </u>	Place of Business 90 Sea bary AtAd		ling Address	abury P+Rd)	A	5. Certificate of Status Desired	•	Additional
Sulte, Ap		Sull	te, Apt. #, etc.	abury 110d/	va)	6. Election Campaign Financing	\$5.00	Required May Be
City & St	gle	[27] City	& State			Trust Fund Contribution 7. is this nonprofit corporation a homeowner		to Fees on?
23 /g/	m Bay the	28 /- Zip	Wm 63a	Country		8. This corporation owes or has paid the ou	∐ No	et a malle to
24 32	907 25 Brown	29 3	2907	30 Brown	<u>) </u>	Personal Property Tax due June 30.	Yes	No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent VAUGHN, CHERYL 1623 SEABURY POINT RD. N.W. PALM BAY FL 32907 81 Name 82 Street Address (P.O/Box Number is Not Acceptable) 69								Code
11. Pursuant to the provisions of sections 617.0502 and 617.1508, Fiorida 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 Fiorida. 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, Fiorida Statutes. SIGNATURE Signature, typed optimizer name of registered agent and title if applicable. (NOTE: Registered Agent algorithm required when reinstalling) DATE								
12.	OFFICERS	AND DIRECTO	RS DELETE	13.	PZ	ADDITIONS/CHANGES TO OFFICERS A		
NAME STREET ADDRES CITY-ST-ZIP	CAIN, LYNN		F DELEIE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	170	ohn Voelkel 651 Seabury Pt. Pul. N Im Ban FL 32907	Change	Addition H
TITLE	PD		DELETE	2.1 TITLE	5%	m Bay FL 30707	Change	Addition
NAME STREET ADDRES CITY-ST-ZIP	DRAWDY, MARY JOY \$ 1609 SEABURY POINT ROAD PALM BAY FL	NORTHWES	т	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	16	n Liakos 65 Seabury Pt. Ad. N.	w.	
TITLE	10		DELETE	3.1 TITLE	70	T. C	Change	€ Addition
NAME	VAUGHN, CHERYL s 1623 SEABURG POINT ROAD	NODTH WE	o t	3.2 NAME	H	lenry J. Cranston 190 Seabury Pt. Ad.	NU	
STREET ADDRES	PALM BAY FL	HORIT WE) I	3.3 STREET ADDRESS 3.4 City-St-ZiP	1	Wm Bay, FL 32907	,,,,	
TITLE			DELETE	4.1 TITLE	_		Change	Addition
NAME				4.2 NAME				
STREET ADORES CITY-ST-ZIP	S			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP				
TITLE			DELETE	5.1 TITLE	 		Change	Addition
NAME				5.2 NAME				
STREET ADDRES	s		1	5.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	 	 	- Classers	6.1 TITLE	├—			
NAME			OELETE	6.2 NAME			Change	Addition
STREET ADDRESS	s			8.3 STREET ADDRESS]			l _a
CITY-ST-ZIP		tal all. #o		8.4 CITY-ST-ZIP	<u> </u>	440.07/0.00		
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.								