

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 # **770722** (7)

1. Corporation Name

SEAGLE BUILDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**408 W. UNIVERSITY AVE. STE 307
GAINESVILLE FL 32601**

**408 W. UNIVERSITY AVE. STE 307
GAINESVILLE FL 32601**

3. Date Incorporated or Qualified
10/12/1983

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLDEN, CHARLES I JR
2700 N.W. 43RD ST.
GAINESVILLE FL 32606**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 their applicant.

(If 011. Registered Agent sign this, record when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BAHL, HELEN E.	
STREET ADDRESS	ONE JOHN'S ISLAND DR.	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PARRISH, JAMES M	
STREET ADDRESS	1405 N.W. 13TH STREET	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOLDEN, CHARLES I JR	
STREET ADDRESS	2700 N.W. 43RD STREET	
CITY - ST - ZIP	GAINESVILLE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DELANEY, BRUCE, D.	
STREET ADDRESS	2012 W. UNIVERSITY AVE.	
CITY - ST - ZIP	GAINESVILLE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bayer, Charles M. Jr.	
1.3 STREET ADDRESS	One John's Island Drive	
1.4 CITY - ST - ZIP	Vero Beach, FL 32963	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Parrish, Vice President

3/27/96

Date

(352) 372-5375

Daytime Phone #

CR2E037 (12/95)