

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770722 (7)
 1. Corporation Name
SEAGLE BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 408 W. UNIVERSITY AVE., STE 307 GAINESVILLE FL 32601	Mailing Address 408 W. UNIVERSITY AVE., STE 307 GAINESVILLE FL 32601
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/12/1983	4. FEI Number 59-2375377	Applied For Not Applicable
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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
HOLDEN, CHARLES I JR
2700 N.W. 43RD ST.
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent
 81 Name
Johnson, Carl L.
 82 Street Address (P.O. Box Number is Not Acceptable)
2731 N.W. 41st St., Suite B-3
 83
 84 City
Gainesville
FL
 85 Zip Code
32606

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  **Carl L. Johnson, Secretary** **4/3/98**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

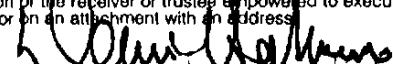
12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BAYER, CHARLES M. JR.	
STREET ADDRESS	ONE JOHN'S ISLAND DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PARRISH, JAMES M	
STREET ADDRESS	1405 N.W. 13TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HOLDEN, CHARLES I JR	
STREET ADDRESS	2700 N.W. 43RD STREET	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SHAFFER, MARGARET BIGGS	
STREET ADDRESS	ONE JOHN'S ISLAND DR.	
CITY-ST-ZIP	VERO BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Holbrook, David	
1.3 STREET ADDRESS	408 W. University Ave., Apt. 11A	
1.4 CITY-ST-ZIP	Gainesville, FL 32601	
2.1 TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Holbrook, Juan A.	
2.3 STREET ADDRESS	3540 N.W. 13 Street	
2.4 CITY-ST-ZIP	Gainesville, FL 32609	
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hobrook, Andrea	
3.3 STREET ADDRESS	3540 N.W. 13 Street	
3.4 CITY-ST-ZIP	Gainesville, FL 32609	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Johnson, Carl L.	
4.3 STREET ADDRESS	2731 N.W. 41 St., Suite B-3	
4.4 CITY-ST-ZIP	Gainesville, FL 32606	
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 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 in an attachment with an address.

SIGNATURE:  **4/3/98** (352) 377-7111

CR2E037 (10/97)