


FILE NOW: FILING FEE IS \$61.25

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Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90015 011 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770722

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



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	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
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, CARL L.
2731 NW 41ST ST.
SUITE B-3
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 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLBROOK, DAVID	1.2 NAME	
STREET ADDRESS	408 W. UNIVERSITY AVE., APT. 11A	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLBROOK, JUAN A.	2.2 NAME	
STREET ADDRESS	3540 NW 13TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32609	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLBROOK, ANDREA	3.2 NAME	
STREET ADDRESS	3540 NW 13TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000 32609	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CARL L.	4.2 NAME	
STREET ADDRESS	2731 NW 41ST STREET, SUITE B-3	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *Juan A. Holbrook* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 13/99 (352) 377-7111

Date Daytime Phone #

0010900

CR2E037 (11/98)