

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 # **N09715 (6)**

1. Corporation Name

THE VILLAGES OF SEAPORT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~2100 W. G.R. #34
SUITE 5000
LONGWOOD FL 32778~~

8850 N ATLANTIC AVE
CAPE CANAVERAL FL 32920
US

3. Date Incorporated or Qualified
06/12/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **Village of Seaport**

26 **8850 N Atlantic Ave.
Cape Canaveral FL
32920**

4. FEI Number

59-2761372

Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~FISCHER, ROBERT
157 SEAPORT BOULEVARD
CAPE CANAVERAL FL 32920~~

81 Name **c/o C. John Christensen
Becker & Pollakoff Atty.**

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

500 Winderly Place, Suite 104

83 **Maitland, FL 32751**

84 City **Maitland**

85 Zip Code **FL 32751**

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

C. John Christensen
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/25/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SHOWRON, JOSEPH	
STREET ADDRESS	PO BOX 1719	
CITY-ST-ZIP	COCOA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WHEELER, MARY	
STREET ADDRESS	617 SEAPORT BLVD	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	VPSD	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, ROBERT	
STREET ADDRESS	157 SEAPORT BLVD	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert Quinn	
1.3 STREET ADDRESS	340 Beach Park Lane	
1.4 CITY-ST-ZIP	Cape Canaveral, FL 32920	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mark Rosato	
2.3 STREET ADDRESS	117 Ocean Park Lane	
2.4 CITY-ST-ZIP	Cape Canaveral, FL 32920	
3.1 TITLE	S/TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Todd James	
3.3 STREET ADDRESS	418 Beach Park Lane	
3.4 CITY-ST-ZIP	Cape Canaveral, FL 32920	
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	700001859147	
5.3 STREET ADDRESS	-06/12/96--01018--027	
5.4 CITY-ST-ZIP	***61.25	
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:

Robert Quinn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/23/96

3-407-784-6400

Date

Daytime Phone #

CR2E037 (12/95)

6-1-96
[Signature]