FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N26860

(9)

Suite, Apt. #, etc Suite,	THE SEABURY CONDOMINIUM ASSOCIATION, INC.					
MARCO ISLAND FL 33937 US C/O MOSTAFA MOZAYENY MARCO ISLAND FL 34148-0308 US 3. Date Incorporated or Qualified O6/08/1988 3. Date of Last Report O4/24/1996 2. Principal Place of Business 2a. Mailing Address 25 Suite, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required City & State City & State City & State City & State Zip Country Zip Country Zip Country Zip Country Added to Fees No Page 1 Name and Address of Current Registered Agent Name HAUSLER, GARY J. Railing Address 4. FEI Number 65-0126869 Not Applied Fee Required Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required Fee Required Status Desired Fee Required Fee Required Trust Fund Contribution Added to Fees No Po Name and Address of Current Registered Agent Name HAUSLER, GARY J.	Principal Place of Business Mailing Address				-	BANK BIBNE BIBNİ BIBNI BIBNI BIRNI BIRNI 1981
2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Principal Place of Business 2d. Mailing Address 2d. Mailing Address 2d. FEI Number 65-0126869 Not Applied 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing Fee Required 7. Trust Fund Contribution 7. Added to Fees 7. Added to Fees 7. This corporation has liability for intangible tax under s. 199.032 7. Point Statutes 9. Name and Address of Current Registered Agent 81 Name HAUSLER, GARY J. 10. Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable)	MARCO ISLAND FL 33937	C/O MOSTAFA MOZAYEI MARCO ISLAND FL 3414	C/O MOSTAFA MOZAYENY MARCO ISLAND FL 34148-0308			
21 26 65-0126869 Not Applicing Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Solute, Apt. #, etc. 6. Election Campaign Financing Financing Added to Fees Trust Fund Contribution Added to Fees Added to Fees Florida Statutes Yes No 9. Name and Address of Current Registered Agent Name HAUSLER, GARY J. Registered Agent 81 Name Registered Agent		US	US .		06/08/1988	
22 City & State Country Country Zip Country Solution Solution Added to Fees Added to Fees Fee Required F	· ·	— ĭ	failing Address			Applied For Not Applicable
23 Trust Fund Contribution Added to Fees Zip Country Zip Country 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 81 Name HAUSLER, GARY J. 82 Street Address (P.O. Box Number is Not Acceptable)					5. Certificate of Status Desired	\$8.75 Additional Fee Required
24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 81 Name HAUSLER, GARY J. 82 Street Address (P.O. Box Number is Not Acceptable)		28	├ ¬, ′			
HAUSLER, GARY J. 81 Name HAUSLER, GARY J. 82 Street Address (P.O. Box Number is Not Acceptable)	24 25	29	<u>-</u>		Florida Statutes	Yes No
HAUSLER, GARY J. B2 Street Address (P.O. Box Number is Not Acceptable)	<u> </u>				10. Name and Address of New Registered Agent	
TROON-GOLLIER-BLVD:, SUITE-12 601 Elkeam Cir.	HAUSLER, GARY J. 1990 NGOLLIER-BLVD., SUITE-12- 601 Elkeam Cir. MARCO ISLAND FL-33937- 34145					
MAROU ISLANU PL-33947- 34145						
84 City FL 85 Zip Code			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 register 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 Stignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algriguire required when reinstating) DATE						

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE 1.1 TITLE Change Addition TITLE HELMER, SANDRA 1.2 NAME 27 CENTRAL DR STREET ADDRESS 1.3 STREET ADDRESS STONY PT NY CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE **VPD** Change Addition TITLE 2.1 TITLE GILMAN, JAMES 2.2 NAME NAME 1938 GLEN ROCK ST 2.3 STREET ADDRESS STREET ADDRESS YORKTOWN HTS NY CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition CARBERY, JOSEPH NAME 3.2 NAME 2 KEIM DRIVE 3.3 STREET ADDRESS STREE! ADDRESS POMONA NY CITY - ST - ZIP 34. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE CLINE, KATHI NAME 4. 2 NAME 7 EAST MAIN STREET STREET ADDRESS 4.3 STREET ADDRESS STONY POINT NY CITY-ST-7iP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City-St-ZiP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4/11/97 914-942-

FILED

Apr 16 1997 8:00am

Secretary of State

Daytime Phone # 0060656