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Apr 09 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 # **N26860** (9)

1. Corporation Name

THE SEABURY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1080 SWALLOW AVE.
MARCO ISLAND FL 33837
US**

**PO BOX 308
C/O MOSTAFA MOZAYENY
MARCO ISLAND FL 33969
US**

3. Date Incorporated or Qualified

06/08/1988

4. FEI Number

65-0126869

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAUSLER, GARY J.
601 ELKCAM CIRCLE
MARCO ISLAND FL 34145**

81 Name

John A. Dold

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

945 N. Calverly Blvd.

83

84 City

Miami Beach

FL

85 Zip Code

33145

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

John A. Dold

(NOTE: Registered Agent signature required when reinstating)

4/3/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD HELMER, SANDRA**
STREET ADDRESS **27 CENTRAL DR**
CITY-ST-ZIP **STONY PT NY**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VPD GILMAN, JAMES**
STREET ADDRESS **1938 GLEN ROCK ST**
CITY-ST-ZIP **YORKTOWN HTS NY**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T CARBERY, JOSEPH**
STREET ADDRESS **2 KEIM DRIVE**
CITY-ST-ZIP **POMONA NY**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S CLINE, KATHI**
STREET ADDRESS **7 EAST MAIN STREET**
CITY-ST-ZIP **STONY POINT NY**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address.

SIGNATURE: *Sandra B. Mortham*

3-11-98

914-354-1234

CR2E037 (10/97)