

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 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 # **N34656** (1)

1. Corporation Name

VISTAS HOMEOWNERS' OF SEABROOKE, INC.



Principal Place of Business	Mailing Address
C/O COMMUNITY MANAGEMENT CONCEPTS 4175 EAST BAY DRIVE, SUITE 205 CLEARATER FL 34624	C/O COMMUNITY MANAGEMENT CONCEPTS 4175 EAST BAY DRIVE, SUITE 205 CLEARATER FL 34624

3. Date Incorporated or Qualified

10/12/1989

4. FEI Number

59-2981207

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 33764

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 33764

Country

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

COMMUNITY MANAGEMENT CONCEPTS, INC.
4175 EAST BAY DRIVE, SUITE 205
CLEARWATER FL 34624

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	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	GALLO, GERRY
STREET ADDRESS	3159 SHORELINE DRIVE
CITY-ST-ZIP	CLEARWATER FL 34620
TITLE	TD <input type="checkbox"/> DELETE
NAME	SCARDINO, JOHN
STREET ADDRESS	3161 SHORELINE DRIVE
CITY-ST-ZIP	CLEARWATER FL 34620
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	HICKMAN, DAVE
STREET ADDRESS	3186 SHORELINE DRIVE
CITY-ST-ZIP	CLEARWATER FL 34620
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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVE HICKMAN
1.3 STREET ADDRESS	3186 SHORELINE DR.
1.4 CITY-ST-ZIP	CLEARWATER, FL. 34620
2.1 TITLE	V-SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BILL ECHELBERGER
2.3 STREET ADDRESS	3169 SHORELINE DR
2.4 CITY-ST-ZIP	CLEARWATER, FL.
3.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOHN SCARDINO
3.3 STREET ADDRESS	3161 SHORELINE DR
3.4 CITY-ST-ZIP	CLEARWATER, FL. 34620
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ED GYLFE
4.3 STREET ADDRESS	3178 SHORELINE DR.
4.4 CITY-ST-ZIP	CLEARWATER, FL. 33760
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BILL PIERCE III
5.3 STREET ADDRESS	3149 SHORELINE DR.
5.4 CITY-ST-ZIP	CLEARWATER, FL. 33760
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	GERRY GALLO
6.3 STREET ADDRESS	3159 SHORELINE DRIVE
6.4 CITY-ST-ZIP	CLEARWATER, FL. 34620

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

2/11/98 (813) 669-8105

CR2E037 (10/97)