FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAY -1 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001475197
-05/04/95--01005--015
*****78.00 *****78.00

DOCUMENT # N94000005615 (9)

1. Corporation Name

SEAGULL BAY PROPERTY OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
16732 SEAGULL BAY COURT BOKEELIA FL 33922	16732 SEAGULL BAY COURT BOKEELIA FL 33922

3. Date Incorporated or Qualified: 11/10/1994
3a. Date of Last Report:
4. FEI Number: ☐ Applied For ☑ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2270 Palm Avenue	26 P.O. Box 758
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 St. James City	City & State: 28 Bokeelia, FL
Zip: 24 33956 Country: 25 US	Zip: 29 33922 Country: 30 US

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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
BRINSON, DONALD L ~~16732 SEAGULL BAY COURT~~ ~~BOKEELIA FL 33922~~	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 2270 Palm Avenue 83: 84 City: St James City FL 85 Zip Code: 33956

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVS.	11 TITLE		☐ Change ☐ Addition
NAME	BRINSON, DONALD L	12 NAME		
STREET ADDRESS	P.O. BOX 758 N/A	13 STREET ADDRESS		
CITY-ST-ZIP	BOKEELIA FL 33922	14 CITY-ST-ZIP		
TITLE	DV	21 TITLE		☑ Change ☐ Addition
NAME	CLAPP, THOMAS	22 NAME		
STREET ADDRESS	~~16732 SEAGULL BAY COURT~~	23 STREET ADDRESS	2270 Palm Avenue	
CITY-ST-ZIP	~~BOKEELIA FL 33922~~	24 CITY-ST-ZIP	St James City, FL 33956	
TITLE	DT	31 TITLE		☐ Change ☐ Addition
NAME	BRINSON, MELVILLE G	32 NAME		
STREET ADDRESS	2244 PALM AVE	33 STREET ADDRESS		
CITY-ST-ZIP	ST. JAMES CITY FL 33956	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME	700001475197 -05/04/95--01005--016 *****52.00 *****52.00	
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	Trus 5-1-95	☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: _____ Donald L. Brinson 4/24/95 (813)283-7714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR-0004