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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

1. Corporation Name

N9400005615 (9)

SEAGULL BAY PROPERTY OWNERS ASSOCIATION, INC.

FILED Mar 20 1997 8:00am Secretary of State



| Principal Place of Business 2270 PALM ANEYUE 61-JAMES CITY FL 33836 | | Mailing Address P.O. BOX 758 BOKELIA FL 339224 | · | | | | |
|--|--|---|--|---|---|--------------------------------|--|
| | | | | | 3. Date Incorporated or Qualified 11/10/1994 | 3a. Date of Last 03/06/ | Report 1996 |
| | ace of Business 7711 <i>SERware BAY C</i> #, etc. | 2a. Mailing Address | 3 | | 4. FEI Number NOT APPLICABLE | | Applied For Not Applicable |
| Suite, Apt # | H, etc. EUA, FL | 27 | 3. | | 5. Certificate of Status Desired | | Additional Required |
| City & State | 922 | City & State | | | Election Campaign Financing Trust Fund Contribution | | May Be d to Fees |
| <i>Z</i> φ | Country 25 USA | Zip 29 | 30 Cou | intry | | Yes 🖳 No | ъ. 199,032, |
| | 9. Name and Address of Cu | Irrent Hegistered Agent | | 81 Name | 10. Name and Address of New Reg | gistered Agent | |
| BRINSON 2270 PA ST. JAM I | N, DONALD L L M AVENUE 14711 . ES CITY FL 33956 BURG | SEAGUU BAY CT TEUA, FL 33922 | - | 82 Street Ad | dress (P.O. Box Number is Not Acceptab | | |
| | o the provisions of Sections 617 egistered agent or both in the S in familiar with and agreet the c | .0502 and 617.1508, Florida State of Florida Such change objugations of Section 617.050 | Statutes, the all was authorized 33, Electida Stat | J 1/1/10 | orporation submits this statement for the pration's board of directors. I hereby acceptions | | c Code its registered as registered |
| ignature _ | North V | N | | | | ~//W/7 | |
| | Significal type of or principal name of regular | to agent and title if applicable. | (NOTE Registered | | | DATE | |
| 2. | | go agrint and title if applicable. S AND DIRECTORS | (NOTE Registered | | guired when reinstating) ADDITIONS/CHANGES TO OFFICE | ERS AND DIRECTO | DRS IN 12 |
| | | | (NOTE Registered | d Agent signature red | quired when reinstaling) | DATE CERS AND DIRECTO Change | |
| | OFFICERS | S AND DIRECTORS | (NOTE Registered | d Agent signature red | quired when reinstaling) | | |
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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 prior or supplemental argual 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 convertation or fine receive of 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, if on an attack ment with an address.

SIGNATURE:

A URE AND TIPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOMAND L BRINSON, PRESIDENT

1697 7744 Daytime Phone # 0067029