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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N95000000716 (9)**

1. Corporation Name
SEAHORSE LANDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4050 G ST ~~UNIT 600~~ CEDAR KEY FL 32625	4050 G ST ~~UNIT 600~~ CEDAR KEY FL 32625-5098

3. Date Incorporated or Qualified: 02/14/1995
3a. Date of Last Report: 07/08/1996

2. Principal Place of Business — 21: 4050 G Street; 22: Suite, Apt. #, etc.; 23: City & State: Cedar Key, FL; 24: Zip: 32625; 25: Country: USA

2a. Mailing Address — 26: 4050 G Street; 27: Suite, Apt. #, etc.; 28: City & State: Cedar Key, FL; 29: Zip: 32625; 30: Country: USA

4. FEI Number: 59-3325575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DELAINO, WILLIAM E JR
1025 7TH STREET UNIT 1.
CEDAR KEY FL 32625

10. Name and Address of New Registered Agent

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 _____ 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	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DELAINO, WILLIAM E JR		1.2 NAME	RUSSELL OLDERMAN	
STREET ADDRESS	NW COR OF 7TH ST & "H" ST		1.3 STREET ADDRESS	4050 G Street	
CITY-ST-ZIP	CEDAR KEY FL 32625		1.4 CITY-ST-ZIP	CEDAR KEY, FL 32625	
TITLE	VD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, RONNIE F		2.2 NAME		
STREET ADDRESS	ANDREWS CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY FL 32625		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE	S D	☒ Change ☐ Addition
NAME	DELAINO, PEGGY		3.2 NAME	DIANE DARNALL	
STREET ADDRESS	NW COR OF 7TH ST & "H" ST		3.3 STREET ADDRESS	1315 DELANEY AVENUE	
CITY-ST-ZIP	CEDAR KEY FL 32625		3.4 CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE		☐ DELETE	4.1 TITLE	TREASURER / D	☐ Change ☒ Addition
NAME			4.2 NAME	RONNIE F. TAYLOR	
STREET ADDRESS			4.3 STREET ADDRESS	16333 ANDREWS CIRCLE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	CEDAR KEY, FL 32625	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Ronnie Taylor REQUIRED 4/24/97 352-543-5524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0011507