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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004405

1. Corporation Name

SEAHORSE MOBILE HOME PARK OWNERS' ASSOCIATION, I NC.

Principal Place of Business C/O RUSSELL POWELL 414 N. RIDGEWOOD AVENUE, LOT 21 EDGEWATER FL 32132-1645	Mailing Address C/O RUSSELL POWELL 414 N. RIDGEWOOD AVENUE, LOT 21 EDGEWATER FL 32132-1645
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2. Principal Place of Business 21 c/o Kathryn Dixon Suite, Apt. #, etc. Lot 17 22 414 N. Ridgewood Ave. City & State 23 Edgewater, FL Zip 32132 Country	2a. Mailing Address 25 c/o Kathryn Dixon Suite, Apt. #, etc. Lot 17 27 414 N. Ridgewood Ave. City & State 28 Edgewater, FL Zip 32132 Country	3. Date Incorporated or Qualified 08/21/1996 4. FEI Number 59-3066775 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

THURLOW, ROBERT S ESQ
BOLT, THURLOW & HALL, P.A.
415 CANAL STREET
NEW SMYRNA BEACH FL 32168-7009

10. Name and Address of New Registered Agent

81 Name	Robert S. Thurlow
82 Street Address (P.O. Box Number is Not Acceptable)	Robert S. Thurlow, P.A.
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input type="checkbox"/> DELETE NAME POWELL, RUSSELL STREET ADDRESS 414 NORTH RIDGEWOOD AVENUE, LOT 21 CITY-ST-ZIP EDGEWATER FL 32132-1645	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition President 1.2 NAME Donald Seagraves 1.3 STREET ADDRESS 414 N. Ridgewood Ave., Lot 22 1.4 CITY-ST-ZIP Edgewater, FL 32132	TITLE V <input type="checkbox"/> DELETE NAME DIXON, KATHERINE STREET ADDRESS 414 NORTH RIDGEWOOD AVENUE, LOT 17 CITY-ST-ZIP EDGEWATER FL 32132-1645	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice President 2.2 NAME Wayne Tucker 2.3 STREET ADDRESS 414 N. Ridgewood Ave., Lot 30 2.4 CITY-ST-ZIP
TITLE ST <input type="checkbox"/> DELETE NAME ELRIDGE, BARBARA STREET ADDRESS 414 NORTH RIDGEWOOD AVENUE, LOT 24 CITY-ST-ZIP EDGEWATER FL 32132-1645	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary 3.2 NAME Shirley Willett 3.3 STREET ADDRESS 414 N. Ridgewood Ave., Lot 3 3.4 CITY-ST-ZIP Edgewater, FL 32132	TITLE D <input type="checkbox"/> DELETE NAME BRYANT, KENNETH STREET ADDRESS 414 NORTH RIDGEWOOD AVENUE, LOT 45 CITY-ST-ZIP EDGEWATER FL 32132-1645	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer 4.2 NAME Kathryn Dixon 4.3 STREET ADDRESS 414 N. Ridgewood Ave., Lot 17 4.4 CITY-ST-ZIP Edgewater, FL 32132
TITLE D <input type="checkbox"/> DELETE NAME TIPPITS, FRANCIS STREET ADDRESS 414 NORTH RIDGEWOOD AVENUE, LOT 18 CITY-ST-ZIP EDGEWATER FL 32132-1645	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director 5.2 NAME Bill Bradford 5.3 STREET ADDRESS 414 N. Ridgewood Ave., Lot 4 5.4 CITY-ST-ZIP Edgewater, FL 32132	TITLE D <input type="checkbox"/> DELETE NAME DIXON, JOHN STREET ADDRESS 414 NORTH RIDGEWOOD AVENUE, LOT 17 CITY-ST-ZIP EDGEWATER FL 32132-1645	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director 6.2 NAME Harris Price 6.3 STREET ADDRESS 414 N. Ridgewood Ave., Lot 25 6.4 CITY-ST-ZIP Edgewater, FL 32132

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, with all other like empowered.

SIGNATURE

Donald Seagraves
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)