

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S26134 (4)

1. Corporation Name

SEASIDE REALTY, INC.



Principal Place of Business

**1535 CYPRESS DRIVE
2
JUPITER FL 33469
US**

Mailing Address

**1535 CYPRESS DRIVE
2
JUPITER FL 33469
US**

3. Date Incorporated or Qualified

01/22/1991

3a. Date of Last Report

07/25/1995

2. Principal Place of Business

2a. Mailing Address

21 900 E. INDIANTOWN RD

26 900 E. INDIANTOWN RD

4. FEI Number

65-0246122

Applied For

Not Applicable

Suite, Apt. #, etc.

22 100

Suite, Apt. #, etc.

27 100

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

City & State

23 JUPITER, FL.

City & State

28 JUPITER, FL.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

Zip

24 33477

Country

25 P.B.C

Zip

29 33477

Country

30 P.B.C

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELLIOTT, WILLIAM R
SUITE 2
1535 CYPRESS DRIVE
JUPITER FL 33469**

81 Name

ELLIOTT, WILLIAM R

82 Street Address (P.O. Box Number is Not Acceptable)

900 E. INDIANTOWN RD. SUITE 100

83

84 City

JUPITER

FL

85 Zip Code

33477

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

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 ☐ DELETE

**PST
NAME ELLIOTT, WILLIAM R
STREET ADDRESS 116 INTRACOASTAL CIRCLE
CITY-ST-ZIP TEQUESTA FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**NAME PST
STREET ADDRESS 11TH COURT UNIT 1154
CITY-ST-ZIP JUPITER, FL. 33477**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 407-746-0105

Date

Daytime Phone

CR2E034 (12/95)