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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 766716 (5)
1. Corporation Name
SEABURY POINT PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
1609 SEABURY POINT ROAD, NORTHWEST PALM BAY FL 32907
1609 SEABURY POINT ROAD, NORTHWEST PALM BAY FL 32907-6335

3. Date Incorporated or Qualified 01/26/1983
3a. Date of Last Report 03/12/1996

2. Principal Place of Business 2a. Mailing Address
21 Cheryl Vaughn, Treasurer Suite, Apt. #, etc. 26 Cheryl Vaughn, Treasurer Suite, Apt. #, etc.
22 1609 Seabury Pt Rd NW City & State 27 1623 Seabury Point Rd NW City & State
23 Palm Bay Florida 28 Palm Bay Florida
24 32907 25 Brevard 29 32907 30 Brevard
4. FEI Number NOT APPLICABLE 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
DRAWDY, MARY JOY
1609 SEABURY POINT ROAD, NORTHWEST
PALM BAY FL 32907
10. Name and Address of New Registered Agent
81 Name Vaughn, Cheryl
82 Street Address (P.O. Box Number is Not Acceptable) 1623 Seabury Point Rd NW
83
84 City Palm Bay FL 85 Zip Code 32907

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 Cheryl A. Vaughn - Treasurer - Director 2-13-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAIN, LYNN	1.2 NAME	Drawdy, Mary Joy
STREET ADDRESS	1648 SEABURY PT. RD. NW	1.3 STREET ADDRESS	1609 Seabury Point Road Northwest
CITY-ST-ZIP	PALM BAY FL 32907	1.4 CITY-ST-ZIP	Palm Bay Florida 32907
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRAWDY, MARY JOY	2.2 NAME	Vaughn Cheryl
STREET ADDRESS	1609 SEABURY POINT ROAD NORTHWEST	2.3 STREET ADDRESS	1623 Seabury Point Road Northwest
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	Palm Bay Florida 32907
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, STEVE	3.2 NAME	
STREET ADDRESS	1623 SEABURY PT RD NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Cheryl A. Vaughn / Cheryl A. Vaughn 1-15-97 407-723-0398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018818

CP2E037 (9/96)