


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 12 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

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



Principal Place of Business CHERYL VAUGHN, TREASURER 1623 SEABURY POINT RD. N.W. PALM BAY FL 32907 US	Mailing Address CHERYL VAUGHN, TREASURER 1623 SEABURY POINT RD. N.W. PALM BAY FL 32907 US
-------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------

3. Date Incorporated or Qualified <b>01/26/1983</b>	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 <b>1690 Seabury Pt Rd NW</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>1690 Seabury Pt Rd NW</b> Suite, Apt. #, etc.		
22	27		
23 City & State <b>Palm Bay FL</b>	28 City & State <b>Palm Bay FL</b>		
24 Zip <b>32907</b>	25 Country <b>Brevard</b>	29 Zip <b>32907</b>	30 Country <b>Brevard</b>

9. Name and Address of Current Registered Agent  
**VAUGHN, CHERYL**  
**1623 SEABURY POINT RD. N.W.**  
**PALM BAY FL 32907**

10. Name and Address of New Registered Agent  
 81 Name **Henry J. Cranston**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1690 Seabury Pt. 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 Henry J. Cranston Henry J. Cranston Treasurer 8/2/98  
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 <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>CAIN, LYNN</b>	
STREET ADDRESS <b>1648 SEABURY PT. RD. NW</b>	
CITY-ST-ZIP <b>PALM BAY FL 32907</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>DRAWDY, MARY JOY</b>	
STREET ADDRESS <b>1609 SEABURY POINT ROAD NORTHWEST</b>	
CITY-ST-ZIP <b>PALM BAY FL</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>VAUGHN, CHERYL</b>	
STREET ADDRESS <b>1623 SEABURY POINT ROAD NORTH WEST</b>	
CITY-ST-ZIP <b>PALM BAY FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>John Voelkel</b>	
1.3 STREET ADDRESS <b>1651 Seabury Pt. Rd. NW</b>	
1.4 CITY-ST-ZIP <b>Palm Bay FL 32907</b>	
2.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Ron Liakos</b>	
2.3 STREET ADDRESS <b>1665 Seabury Pt. Rd. NW.</b>	
2.4 CITY-ST-ZIP <b>Palm Bay, FL 32907</b>	
3.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Henry J. Cranston</b>	
3.3 STREET ADDRESS <b>1690 Seabury Pt. Rd. NW</b>	
3.4 CITY-ST-ZIP <b>Palm Bay, FL 32907</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.  
 SIGNATURE: Henry J. Cranston Henry J. Cranston Treasurer 8/2/98 407-768-2369  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (5/98)