

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 742862 (6)

1. Corporation Name

SEASCAPE OF LITTLE HICKORY ISLAND, INC.

Principal Place of Business

Mailing Address

25810 HICKORY BLVD.
BONITA SPRINGS FL 33923
US

25810 HICKORY BLVD.
BONITA SPRINGS FL 33923
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

05/11/1978

03/21/1994

4. FEI Number

59-1880436

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

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

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, MARCUS E
25810 HICKORY BLVD.
BONITA SPRINGS FL 33923

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 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 in printed name of registered agent and fee applicant

(NOTE: Registered Agent signature required when transacting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	TORINO, GENE
STREET ADDRESS	1335 LAKE BREEZE DR.
CITY, ST, ZIP	WEST PALM BEACH FL
TITLE	S
NAME	BOGH, RICHARD
STREET ADDRESS	23285 ROBERT JOHN
CITY, ST, ZIP	ST CLAIR SHORES FL
TITLE	T
NAME	KIRBY, DR. ROBERT
STREET ADDRESS	25820 HICKORY BLVD., APT. 306
CITY, ST, ZIP	BONITA SPRINGS FL
TITLE	D
NAME	RUSSO, ROSE
STREET ADDRESS	25810 HICKORY BLVD., APT. E301
CITY, ST, ZIP	BONITA SPRINGS FL
TITLE	D
NAME	ARTER, MARY
STREET ADDRESS	25810 HICKORY BLVD., APT. 601
CITY, ST, ZIP	BONITA SPRINGS FL
TITLE	P
NAME	MCMAMARA, SEAN
STREET ADDRESS	25800 HICKORY BLVD., APT. F201
CITY, ST, ZIP	BONITA SPRINGS FL

1.1 TITLE	P/D	☒ Change	☐ Addition
1.2 NAME	VOGH/RICHARD		
1.3 STREET ADDRESS	23285 ROBERT JOHN		
1.4 CITY, ST, ZIP	ST CLAIR SHORES, MI 48280		
2.1 TITLE	V/D	☒ Change	☐ Addition
2.2 NAME	COULTER, JAMES		
2.3 STREET ADDRESS	1500 LINCOLN TOWER CR		
2.4 CITY, ST, ZIP	MARSHALLTOWN, IA 50158		
3.1 TITLE	S/D	☒ Change	☐ Addition
3.2 NAME	ARTER, MARY		
3.3 STREET ADDRESS	25810 HICKORY BLVD APT E601		
3.4 CITY, ST, ZIP	BONITA SPRINGS, FL 33923		
4.1 TITLE	T/D	☒ Change	☐ Addition
4.2 NAME	HOOKE, DARLYN		
4.3 STREET ADDRESS	25810 HICKORY BLVD APT E606		
4.4 CITY, ST, ZIP	BONITA SPRINGS, FL 33923		
5.1 TITLE	D	☒ Change	☐ Addition
5.2 NAME	VANDERPLOEG, CLARE		
5.3 STREET ADDRESS	4014 E. GULL LAKE DRIVE		
5.4 CITY, ST, ZIP	HICKORY CORNERS, MI 49060		
6.1 TITLE	D	☒ Change	☐ Addition
6.2 NAME	BOEHM, KENNETH		
6.3 STREET ADDRESS	4294 COUNTRY LANE		
6.4 CITY, ST, ZIP	GREENWOOD, IN 46142		

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 110.07(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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary M. Arter

MARY ARTER

APRIL 27, 1995

813-992-3113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #