

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: 25810 HICKORY BLVD. BONITA SPRINGS FL 33923 US  
Mailing Address: 25810 HICKORY BLVD. BONITA SPRINGS FL 33923 US

3. Date Incorporated or Qualified: 05/11/1978  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21  
2a. Mailing Address: 25  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24 Country: 25  
City & State: 27  
Zip: 29 Country: 30

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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**ANDERSON, MARCUS E  
25810 HICKORY BLVD.  
BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent  
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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<del>PO</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>VOGH, RICHARD</del>	
STREET ADDRESS	<del>20205 ROBERT JOHN</del>	
CITY-ST-ZIP	<del>ST. CLAIR SHORES MI</del>	
TITLE	<del>VD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>GOULTER, JAMES</del>	
STREET ADDRESS	<del>1600 LINCOLN TOWER OR</del>	
CITY-ST-ZIP	<del>MARSHALLTOWN IA</del>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ARTER, MARY	
STREET ADDRESS	25810 HICKORY BLVD APT E601	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOOKER, DARLYN	
STREET ADDRESS	25810 HICKORY BLVD APT E606	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VANDERPLOEG, CLARE	
STREET ADDRESS	4014 E. GULL LAKE DRIVE	
CITY-ST-ZIP	HICKORY CORNERS MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VOEHM, KENNETH	
STREET ADDRESS	4292 COUNTRY LANE	
CITY-ST-ZIP	GREENWOOD IN	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1. NAME	DAVIS, Robert S.	
1. STREET ADDRESS	25800 Hickory Blvd APT F408	
1. CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
2. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	SCHULENBERG, WILLCE	
2. STREET ADDRESS	2712 KEITH ST.	
2. CITY-ST-ZIP	EAU CLAIRE, WI. 54701	
3. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP	33923	
4. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP	33923	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP	49060	
6. TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	BOGHEM, KENNETH	
6. STREET ADDRESS	4292 COUNTRY LANE	
6. 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual reports 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 in an attachment with an address.

SIGNATURE: *Robert S. Davis* April 27, 1996 941-992-3113  
Date Daytime Phone #

CR2E037 (12/95)