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Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **742862** (6)
1. Corporation Name
SEASCAPE OF LITTLE HICKORY ISLAND, INC.



Principal Place of Business 25810 HICKORY BLVD. BONITA SPRINGS FL 33823 US	Mailing Address 25810 HICKORY BLVD. BONITA SPRINGS FL 34134-3640 US
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3. Date Incorporated or Qualified 05/11/1978	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1880436	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	26. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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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
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) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIS, ROBERT S	
STREET ADDRESS	25800 HICKORY BLVD APT F408	
CITY-ST-ZIP	BONITA SPRING FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHULENBERG, WALLACE	
STREET ADDRESS	2712 KEITH ST.	
CITY-ST-ZIP	EAU CLAIRE WI	
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 checked="" type="checkbox"/> DELETE
NAME	HOOVER, DARLYN	
STREET ADDRESS	25810 HICKORY BLVD APT E608	
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	VD	<input type="checkbox"/> DELETE
NAME	BOEHM, KENNETH	
STREET ADDRESS	4292 COUNTRY LANE	
CITY-ST-ZIP	GREENWOOD IN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	ARTER MARY
3.4 CITY-ST-ZIP	25810 HICKORY BLVD APT E601 BONITA SPRINGS FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD
4.3 STREET ADDRESS	JAYE, DAVID
4.4 CITY-ST-ZIP	1810 WICKHAM ROYAL OAK, MI
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VD
6.3 STREET ADDRESS	BOEHM, KENNETH
6.4 CITY-ST-ZIP	4292 COUNTRY LANE GREENWOOD, IN

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 as changed, or on an attachment with an address.

SIGNATURE: *Robert S. Davis* **ROBERT S. DAVIS** 4/17/1997 941-992-3113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0080362

CR2E037 (9/96)