

FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 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
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DOCUMENT # **742862** (6)  
1. Corporation Name

**SEASCAPE OF LITTLE HICKORY ISLAND, INC.**



Principal Place of Business <b>25810 HICKORY BLVD. BONITA SPRINGS FL 33923 US</b>	Mailing Address <b>25810 HICKORY BLVD. BONITA SPRINGS FL 33923 US</b>
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3. Date Incorporated or Qualified <b>05/11/1978</b>
4. FEI Number <b>59-1890436</b>
Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Country
25. Country	29. Zip
30. Country	

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 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 type="checkbox"/> 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
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	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>DAVIS, ROBERT S</b>
STREET ADDRESS	<b>25800 HICKORY BLVD APT F408</b>
CITY-ST-ZIP	<b>BONITA SPRING FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SCHULENBERG, WALLACE</b>
STREET ADDRESS	<b>2712 KEITH ST.</b>
CITY-ST-ZIP	<b>EAU CLAIRE WI</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>ARTER, MARY</b>
STREET ADDRESS	<b>25810 HICKORY BLVD APT E801</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>JAYE, DAVID</b>
STREET ADDRESS	<b>1810 WICKHAM</b>
CITY-ST-ZIP	<b>ROYAL OAK MI</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>VANDERPLOEG, CLARE</b>
STREET ADDRESS	<b>4014 E. GULL LAKE DRIVE</b>
CITY-ST-ZIP	<b>HICKORY CORNERS MI</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>BOGGM, KENNETH</b>
STREET ADDRESS	<b>4292 COUNTRY LANE</b>
CITY-ST-ZIP	<b>GREENWOOD IN</b>

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DIANE CORCELLI</b>
4.3 STREET ADDRESS	<b>25820 HICKORY Blvd APT D-201</b>
4.4 CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34134</b>
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)(l), 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: Mary M. Carter APRIL 17, 1998 941-992-3113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000

CR2E037 (10/97)