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NONPROFIT CORPORATION ANNUAL REPORT 1999

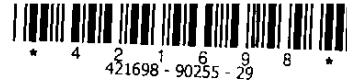


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 742862

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/11/1978

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

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

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	PD	<input checked="" 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	TD	<input checked="" type="checkbox"/> DELETE
NAME	ARTER, MARY	
STREET ADDRESS	25810 HICKORY BLVD APT E601	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORCELLI, DIANE	
STREET ADDRESS	25820 HICKORY BLVD APT. D-201	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
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	BOGHM, 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 checked="" type="checkbox"/> Addition
1.2 NAME	PD Richard J. Vogh	
1.3 STREET ADDRESS	23285 Robert John	
1.4 CITY-ST-ZIP	ST CLAIR Shores, MI 48280	
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	MD JAMES COULTER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	1500 LINCOLN TOWER CR	
3.3 STREET ADDRESS	MARSHALLTOWN, IA 50158	
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input checked="" 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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BOEHM, KENNETH	
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, with all other like empowered.

SIGNATURE:

Richard J. Vogh
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 1999 941-992-3113
 Date Daytime Phone #

CR2E037 (1/198)