02/10/2004 15:58 9419362037 WALLACE

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Feb 16, 2004 8:00 am
Secretary of State
02-16-2004 90045 050 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 742862

1. Entity Name
SEASCAPE OF LITTLE HICKORY ISLAND, INC.

24011134

Principal Place of Business	Mailing Address
25810 HICKORY BLVD. BONITA SPRINGS, FL 34134 US	25810 HICKORY BLVD. BONITA SPRINGS, FL 34134 US

02102004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1880436 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHONAK, JOHN R 25810 HICKORY BLVD BONITA SPRINGS, FL 34134	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JOHN R. SHONAK 02-12-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BIANCANIELLO, ANTHONY 181 HILLSIDE AVE. WILLISTON PARK, NY 11596	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WALSH, THOMAS 77 TUSSOCK BROOK RD. DUXBURY, MA 02331	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HEEDER, H. - OTTO 27141 HOMEWOOD DR. BONITA SPRINGS, FL 34135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CORCELLI, DIANE 25800 HICKORY BLVD. #F-408 BONITA SPRINGS, FL 34135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOPKINSON, THOMAS 137 MACLEAN AVE. TORONTO MYERS, CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAWDY, DONALD 7129 SCARLET OAK ST MASON, OH 45040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANTINORO, BEATRICE 25810 HICKORY BLVD. # E-206 BONITA SPRINGS, FL 34134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIVINGSTON, JAMES 6421 GRASSMERE DR. WESTERVILLE, OH 43082	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] VP 02-12-04 (239) 992 3113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #