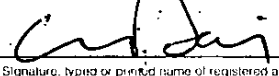


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90030 038 ****61.25

DOCUMENT # 742862 1. Entity Name SEASCAPE OF LITTLE HICKORY ISLAND, INC.					
Principal Place of Business 25810 HICKORY BLVD. BONITA SPRINGS FL 34134 US			Mailing Address 25810 HICKORY BLVD. BONITA SPRINGS FL 34134 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1880436	
Zip		Country		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	
CHRISTOPHER DAVIES, CHRISTOPHER N. 2375 TAMiami TRAIL NORTH SUITE 308 NAPLES FL 34103				Name CHRISTOPHER N. DAVIES Street Address (P.O. Box Number is Not Acceptable) 2375 TAMiami TRAIL NORTH SUITE 308 City NAPLES FL Zip Code 34103	
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  CHRISTOPHER N. DAVIES DATE FEB. 6, 2006 Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when reappointing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	VP BIANCANIELLO, ANTHONY 181 HILLSIDE AVE. WILLISTON PARK NY 11596	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER William Heidt 1700 FARM ROAD LITTLE SILVER, NJ 07739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHNEIDER, LINDA 8472 S SHOREVIEW DRIVE TRAFALGAR IN 46181	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRITZ NEUKAM 4604 E. LAKE SHORE DR. WONDER LAKE, IL 60097-8300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORCELLI, DIANE 25800 HICKORY BLVD BONITA SPRINGS FL 34135	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPKINSON, THOMAS 137 MACLEAN AVE. TORONTO MYERS, CANADA m4e- jas	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVINGSTON, JAMES 6421 GRASSMERE DR. WESTERVILLE OH 43082	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 