

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

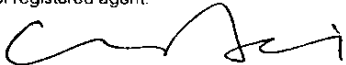
FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90019 001 *****8.75
02-27-2007 90019 002 *****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent DAVIES, CHRISTOPHER N 2375 TAMiami TRAIL NORTH SUITE 308 NAPLES FL 34103		7. Name and Address of New Registered Agent 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  DATE FEB. 8, 2007			

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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	D BIANCANIELLO, ANTHONY 181 HILLSIDE AVE WILLISTON PARK, NY 11596 ☒ Change ☐ Addition
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	VP FRITZ NEUKAM 4604 E. LAKE SHORE DR. WONDER LAKE, IL 60077 ☐ Change ☒ Addition
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	SD CORCELLI, DIANE 25800 HICKORY BLVD #408 BONITA SPRINGS, FL 34134 ☒ Change ☐ Addition
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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVINGSTON, JAMES 6421 GRASSMERE DR. WESTERVILLE OH 43082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEIDT, WILLIAM 17 OLD FARM RD LITTLE SILVER NJ 07739 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRASURER WILLIAM HEIDT 25810 HICKORY Blvd E-506 BONITA Springs FL 34134 ☐ Change ☐ Addition

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:



2-20-07 239-992-3113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #