


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 08:00 AM
Secretary of State

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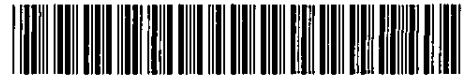
1. Entity Name
SEASCAPE OF LITTLE HICKORY ISLAND, INC.



Principal Place of Business Mailing Address

25810 HICKORY BLVD.
 BONITA SPRINGS FL 34134
 US

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.

1st MOORE CR2E037 (10/07)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-1880436 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIES, CHRISTOPHER N
2375 TAMiami TRAIL NORTH
SUITE 308
NAPLES FL 34103

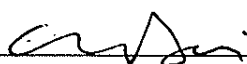
7. Name and Address of New Registered Agent

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  **CHRISTOPHER N. DAVIES** **1/30/08**

Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-appointing) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008


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		
TITLE	D	<input type="checkbox"/> Delete
NAME	BIANCANELLO, ANTHONY	
STREET ADDRESS	181 HILLSIDE AVE.	
CITY-ST-ZIP	WILLISTON PARK NY 11596	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHNEIDER, LINDA	
STREET ADDRESS	8472 S SHOREVIEW DRIVE	
CITY-ST-ZIP	TRAFALGAR IN 46181	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CORCELLI, DIANE	
STREET ADDRESS	25800 HICKORY BLVD #408	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOPKINSON, THOMAS	
STREET ADDRESS	137 MACLEAN AVE.	
CITY-ST-ZIP	TORONTO MYERS, CANADA m4e- jas	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIVINGSTON, JAMES	
STREET ADDRESS	6421 GRASSMERE DR.	
CITY-ST-ZIP	WESTERVILLE OH 43082	
TITLE	T	<input type="checkbox"/> Delete
NAME	HEIDT, WILLIAM	
STREET ADDRESS	2580 HICKORY BLVD E-501	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000819047	
CITY-ST-ZIP	02/15/08-80067-012 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **WILLIAM HEIDT** **1-30-08** **239-992-3113**