## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#742862** 

FILED Jun 22, 2009 Secretary of State

Entity Name: SEASCAPE OF LITTLE HICKORY ISLAND, INC.

	Principal Place of Business:	New Principal Place of Business:	
	CKORY BLVD. SPRINGS, FL 34134 US		
Current N	Mailing Address:	New Mailing Address:	
	CKORY BLVD. SPRINGS, FL 34134 US		
n accordai	r: 59-1880436 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did not d Address of Current Registered Agent:	FEI Number Not Applicable ( ) Certificate of Status Desired receive the prior notice.  Name and Address of New Registered Agent:	d (X)
DAVIES, ( 2375 TAM SUITE 30	CHRISTOPHER N MAMI TRAIL NORTH	Name and Address of New Registered Agent.	
	e named entity submits this statement for the pute of Florida.	urpose of changing its registered office or registered agent,	or bot
SIGNATU	IRE:		
	Electronic Signature of Registered Ager	nt Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIF	RECT
itle: lame: .ddress: :ity-St-Zip:	D () Delete BIANCANIELLO, ANTHONY 181 HILLSIDE AVE. WILLISTON PARK, NY 11596	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
itle: ame:	P ( ) Delete SCHNEIDER, LINDA 8472 S SHOREVIEW DRIVE TRAFALGAR, IN 46181	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
ddress: ity-St-Zip:		Oily Ot Zip.	
ity-St-Zip: itle: ame: ddress:	SD ( ) Delete CORCELLI, DIANE 25800 HICKORY BLVD #408 BONITA SPRINGS, FL 34135	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
	CORCELLI, DÍÁNE 25800 HICKORY BLVD #408	Title: ( ) Change ( ) Addition Name: Address:	
itly-St-Zip: itle: lame: ddress: itty-St-Zip: ittle: lame: ddress:	CORCELLI, DIÂNE 25800 HICKORY BLVD #408 BONITA SPRINGS, FL 34135  D () Delete HOPKINSON, THOMAS 137 MACLEAN AVE.	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: Title: ( ) Change ( ) Addition Name: Address:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET KANES MGR 06/22/2009