

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90243 001 ****61.25
01-24-2003 90243 002 *****8.75

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**

55002694



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1880436**

Applied For

Not Applicable

Zip

Country

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

~~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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **PD** ☒ Delete
NAME **WALSH, THOMAS**
STREET ADDRESS **77 TUSOCK BROOK RD.**
CITY-ST-ZIP **DUXBURY MA 02331**

TITLE **PD** ☒ Change ☐ Addition
NAME **BIANCANIELLO, ANTHONY**
STREET ADDRESS **181 HILLSIDE AVE**
CITY-ST-ZIP **WILLISTON PARK NY 11596**

TITLE **VD** ☒ Delete
NAME **BIANCANIELLO, ANTHONY**
STREET ADDRESS **181 HILLSIDE AVE**
CITY-ST-ZIP **WILLISTON PARK NY 11596**

TITLE **VD** ☒ Change ☐ Addition
NAME **WALSH, THOMAS**
STREET ADDRESS **77 TUSOCK BROOK RD.**
CITY-ST-ZIP **DUXBURY MA 02331**

TITLE **D** ☒ Delete
NAME **BOEHN, KENNETH**
STREET ADDRESS **6106 WHITETAIL RUN**
CITY-ST-ZIP **GREENWOOD IN 46143**

TITLE **SD** ☐ Change ☒ Addition
NAME **CORCELLI, DIANE**
STREET ADDRESS **25800 HICKORY BLVD # F-408**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **TD** ☐ Delete
NAME **PRIJATEL, FRANK**
STREET ADDRESS **7321 PLAYERS CLUB DR**
CITY-ST-ZIP **CONCORD OH 44077**

TITLE **D** ☐ Change ☒ Addition
NAME **HOPKINSON, THOMAS**
STREET ADDRESS **137 MACLEAN AVE.**
CITY-ST-ZIP **TORONTO, M4EAS CANADA**

TITLE **D** ☐ Delete
NAME **DAWDY, DONALD**
STREET ADDRESS **7129 SCARLET OAK ST**
CITY-ST-ZIP **MASON OH 45040**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **ANTINORO, BEATRICE**
STREET ADDRESS **25810 HICKORY BLVD. # E-206**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *DIANE CORCELLI* (DIANE CORCELLI) SECRETARY 1-20-03 (999) 992-3113

CR2E037 (10/02)