

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753036

(3)

1. Corporation Name

SEASCAPE OF NORTH REDINGTON BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

16800 GULF BLVD N
N REDINGTON BEACH
LARGO FL 33708
US

C/O PAREKH, DENNARD AND CO.
2700 E BAY DR #107
LARGO FL 34641
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/20/1980	3a. Date of Last Report 04/01/1994
4. FEI Number 59-2071309	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KINTZINGER, JOHN W
16800 GULF BLVD #10
N REDINGTON BCH FL 33708

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD
NAME	JAHNA, EMIL, MRS.
STREET ADDRESS	408 MASTERPIECE ROAD
CITY - ST - ZIP	LAKE WALES FL
TITLE	D
NAME	TRIPP, BILL
STREET ADDRESS	214 BLANGA AVENUE ← delete
CITY - ST - ZIP	TAMPA FL
TITLE	VPD
NAME	HICKS, BOB
STREET ADDRESS	3101 SAMARA DRIVE
CITY - ST - ZIP	TAMPA, FLORIDA 33618
TITLE	SD
NAME	APGAR, MARTHA
STREET ADDRESS	18 HILLCREST RD
CITY - ST - ZIP	MARTINSVILLE NJ
TITLE	PD
NAME	KINTZINGER, JOHN
STREET ADDRESS	1817 COUNTRY CLUB DR
CITY - ST - ZIP	GRINNELL IA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	D WALDER, KEN
6.3 STREET ADDRESS	922 EWING AVE
6.4 CITY - ST - ZIP	FRANKLIN LAKES, NJ 07417

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or an attachment with an address.

SIGNATURE:

John Kintzinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #