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Jan 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 753036 (3)

1. Corporation Name

SEASCAPE OF NORTH REDINGTON BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

16800 GULF BLVD N
N REDINGTON BEACH
LARGO FL 33708
US

Mailing Address

PAREKH. COMMONS AND CO
2700 E BAY DR #107
LARGO FL 33771-2459
US



3. Date Incorporated or Qualified
06/20/1980

3a. Date of Last Report
02/07/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME TD
STREET ADDRESS JAHNA, EMIL, MRS.
CITY-ST-ZIP 406 MASTERPIECE ROAD
LAKE WALES FL

TITLE ☐ DELETE

NAME VPD
STREET ADDRESS HICKS, BOB
CITY-ST-ZIP 3101 SAMARA DRIVE
TAMPA, FLORIDA 33618

TITLE ☐ DELETE

NAME SD
STREET ADDRESS APGAR, MARTHA
CITY-ST-ZIP 16 HILLCREST RD
MARTINSVILLE NJ

TITLE ☐ DELETE

NAME PD
STREET ADDRESS KINTZINGER, JOHN
CITY-ST-ZIP 1817 COUNTRY CLUB DR
GRINNELL IA

TITLE ☒ DELETE

NAME D
STREET ADDRESS WALDER, KEN
CITY-ST-ZIP 922 EWING AVE
FRANKLIN LAKES NJ

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
COHEN, GARY
1313 GRAY ST.
TAMPA, FL 33606

14. I do 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 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 on an attachment with an address.

SIGNATURE

1/21/97

1/21/97

813/216-7222

CR2E037 (9/96)