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FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34641
US**

3. Date Incorporated or Qualified

06/20/1980

4. FEI Number

59-2071309

Applied For

Not Applicable

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

33771

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

BOB HICKS

82

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

3101 SAMARA DR

83

84

City

TAMPA

FL

85

Zip Code

33618

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	JAHNA, EMIL, MRS.	
STREET ADDRESS	406 MASTERPIECE ROAD	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HICKS, BOB	
STREET ADDRESS	3101 SAMARA DRIVE	
CITY-ST-ZIP	TAMPA, FLORIDA 33618	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	APGAR, MARTHA	
STREET ADDRESS	16 HILLCREST RD	
CITY-ST-ZIP	MARTINSVILLE NJ	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KINTZINGER, JOHN	
STREET ADDRESS	1817 COUNTRY CLUB DR	
CITY-ST-ZIP	GRINNELL IA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, GARY	
STREET ADDRESS	1313 GRAY ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 NAME	JEANNE JAHNA
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33853
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	08836
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V D
5.3 STREET ADDRESS	LOKANG ROSS
5.4 CITY-ST-ZIP	16800 GULF BLVD #12 N. REDINGTON BCH. FL 33708
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/98 813/206-7222

CR2E037 (10/97)