


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90010 039 \*\*\*\*61.25

<b>DOCUMENT # 753036</b> 1. Entity Name <b>SEASCAPE OF NORTH REDINGTON BEACH CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>16800 GULF BLVD N NORTH REDINGTON BEACH, FL 33708 US</b>			Mailing Address <b>300 S.DUNCAN AVE. 200 CLEARWATER, FL 33755 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HICKS ADVERTISING GROUP 5420 BAY CENTER DR #205 TAMPA, FL 33609</b>			Name <b>Seth mills</b> Street Address (P.O. Box Number is Not Acceptable) <del>16800 Gulf Blvd, #12</del> <b>100 N. Tampa St.</b> <b>Suite 2010</b> City <del>N. Redington Beach</del> <b>Tampa</b> <b>FL</b> Zip Code <b>33602</b>		
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 <b>E.A. Seth Mills</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>			<b>2/17/06</b> <small>DATE</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RVP HICKS, BOB 5420 BAY CENTER DR #205 TAMPA, FL 33609</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Bob Hicks 10012 N. Dale Mabry, Ste. 213 Tampa, FL 33618</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP APGAR, MARTHA 16 HILLCREST RD MARTINSVILLE, NJ 08836</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS WALDER, DOT 922 EWING AVE FRANKLIN LAKES, NJ 07417</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MILLS, SETH <b>Seth</b> 16800 GULF BLVD #12 N REDINGTON BEACH, FL 33708</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Jeanne Jahna 406 masterpiece Rd. Lake Wales, FL 33853</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <b>E.A. Seth Mills</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2/17/06</b> <small>Date</small>		
			<b>813 769-4805</b> <small>Daytime Phone #</small>		