

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

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90063 047 \*\*\*\*61.25

**DOCUMENT # 753036**

1. Entity Name

**SEASCAPE OF NORTH REDINGTON BEACH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**16800 GULF BLVD N  
NORTH REDINGTON BEACH FL 33708  
US**

Mailing Address

**RAREKH COMMONS AND CO c/o Richard C. Commons, P.H.  
2700 E BAY DR #107  
LARGO FL 33771  
US**

2. Principal Place of Business

3. Mailing Address

**300 S. DUNCAN AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**220**

City & State

**CLEARWATER, FL**

Zip

Country

Zip

Country

**33755**

**PINELLAS**

4. FEI Number **59-2071309**

Applied For

Not Applicable

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

**HICKS, BOB  
3101 SAMARA DR  
TAMPA FL 33618**

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	VD	<input type="checkbox"/> Delete
NAME	HICKS, BOB	
STREET ADDRESS	3101 SAMARA DRIVE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	SD	<input type="checkbox"/> Delete
NAME	APGAR, MARTHA	
STREET ADDRESS	16 HILLCREST RD	
CITY-ST-ZIP	MARTINSVILLE NJ 08836	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROSS, DENNIS	
STREET ADDRESS	16800 GULF BLVD., # 12	
CITY-ST-ZIP	N REDINGTON BEACH FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALDER, DOT	
STREET ADDRESS	922 EWING AVENUE	
CITY-ST-ZIP	FRANKLIN LAKES NJ 07417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeanne Jahn	
STREET ADDRESS	406 Masterpiece Rd	
CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED**

*[Signature]*

**813 9694999**

CR2E037 (10/02)