

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # N15991 (5)**

1. Corporation Name

**SEASCAPE TOWERS CONDOMINIUM ASSOCIATION, INC.**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -5 PM 2:59**

Principal Place of Business Mailing Address  
**5207 SOUTH ATLANTIC AVE.  
NEW SMYRNA BCH. FL 32169**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/22/1986** 3a. Date of Last Report **08/02/1994**  
4. FEI Number **59-2709761** Applied For   
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

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

9. Name and Address of Current Registered Agent  
**WRIGHT, THOMAS E.  
340 NORTH CAUSEWAY  
NEW SMYRNA BCH. FL 32169**

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 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 reselecting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE **PD**  
NAME **PREGMON, MICHAEL J**  
STREET ADDRESS **4557 BAY HARBOUR DR.**  
CITY - ST - ZIP **JACKSONVILLE FL**  
TITLE **VO**  
NAME **SCHWEIZER, HERBERT E.**  
STREET ADDRESS **12516 MISSION HILLS DR., SO.**  
CITY - ST - ZIP **JACKSONVILLE FL**  
TITLE **STD**  
NAME **PARKER, JOHN S.**  
STREET ADDRESS **5207 SOUTH ATLANTIC AVE.**  
CITY - ST - ZIP **NEW SMYRNA BCH. FL**

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

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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attached list with an address.

SIGNATURE: *John S. Parker* **3/29/95 (904) 423-4893**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR