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Feb 14 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 # N15991 (5)
1. Corporation Name
SEASCAPE TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
5207 SOUTH ATLANTIC AVE. 5207 SOUTH ATLANTIC AVE.
NEW SMYRNA BCH. FL 32169 NEW SMYRNA BCH. FL 32169-4531

3. Date Incorporated or Qualified 07/22/1986
3a. Date of Last Report 03/28/1996
4. FEI Number 59-2709761
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

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

9. Name and Address of Current Registered Agent
HURA, CAROLYN
5207 S. ATLANTIC AVE
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 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 *Carolyn Hura* (NOTE: Registered Agent signature required when reinstating) DATE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE DIRECTOR [] Change [X] Addition
1.2 NAME BEVERLY FRASER
1.3 STREET ADDRESS 5207 S. ATLANTIC AVE
1.4 CITY-ST-ZIP NSB, FL 32169
2.1 TITLE DIRECTOR [] Change [X] Addition
2.2 NAME JOSE PERINI
2.3 STREET ADDRESS 5207 S. ATLANTIC AVE
2.4 CITY-ST-ZIP NSB, FL 32169
3.1 TITLE DIRECTOR [] Change [X] Addition
3.2 NAME RAY KAYEA
3.3 STREET ADDRESS 5207 S. ATLANTIC AVE
3.4 CITY-ST-ZIP NSB, FL 32169
4.1 TITLE DIRECTOR [] Change [X] Addition
4.2 NAME BOB SHAFFER
4.3 STREET ADDRESS 5207 S. ATLANTIC AVE
4.4 CITY-ST-ZIP NSB, FL 32169
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 does not qualify for the exemption stated in Section 119.07(3)(l), 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: *John Parker* REQUIRED 2/7/97 (904) 423-4893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

CR2E037 (9/96)