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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 5207 SOUTH ATLANTIC AVE. NEW SMYRNA BCH. FL 32169
Mailing Address: 5207 SOUTH ATLANTIC AVE. NEW SMYRNA BCH. FL 32169

3. Date Incorporated or Qualified: 07/22/1986
4. FEI Number: 59-2709761
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO SECRETARY	1.1 TITLE	JOSE Perini <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PREGMON, MICHAEL J	1.2 NAME	5207 S. Atlantic
STREET ADDRESS	4557 BAY HARBOUR DR.	1.3 STREET ADDRESS	NSB, FL 32169
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VP D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Louis Cardamone <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWEIZER, HERBERT E.	2.2 NAME	5207 S. Atlantic
STREET ADDRESS	12516 MISSION HILLS DR., SO.	2.3 STREET ADDRESS	NSB, FL 32169
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	STB <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	PARKER, JOHN S. TREASURER	3.2 NAME	
STREET ADDRESS	5207 SOUTH ATLANTIC AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH. FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVERLY FRASER VP	4.2 NAME	
STREET ADDRESS	5207 S ATLANTIC AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NSB FL 32169	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY KAYEA OK	5.2 NAME	
STREET ADDRESS	5207 S ATLANTIC AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NSB FL 32169	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFFER, BOB President	6.2 NAME	
STREET ADDRESS	5207 S. ATLANTIC AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NSB FL 32169	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)(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: Robert H. Shaffer Feb 26, 1998

CR2E037 (10/97)