


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90077 028 ****61.25

0003196

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N15991
 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
---	---

* 1 6 1 1 9 1 *
 161191 90077 28



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/22/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2709761
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	PREGMON, MICHAEL J	
STREET ADDRESS	4557 BAY HARBOUR DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERINI, JOSE	
STREET ADDRESS	5207 S. ATLANTIC	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PARKER, JOHN S.	
STREET ADDRESS	5207 SOUTH ATLANTIC AVE.	
CITY-ST-ZIP	NEW SMYRNA BCH. FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BEVERLY FRASER	
STREET ADDRESS	5207 S ATLANTIC AVE	
CITY-ST-ZIP	NSB FL 32169	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAY KAYEA	
STREET ADDRESS	5207 S ATLANTIC AVE	
CITY-ST-ZIP	NSB FL 32169	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SHAFFER, BOB	
STREET ADDRESS	5207 S. ATLANTIC AVE	
CITY-ST-ZIP	NSB FL 32169	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	LOUIS CARDAMONE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	5207 S. ATLANTIC	
1.3 STREET ADDRESS	NSB, FL 32169	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
 DATE: 2/9/99 DAYTIME PHONE #: (904) 423-2305

CR2E037 (1/198)