


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90048 025 \*\*\*\*61.25

**DOCUMENT # N15991**  
1. Entity 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**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_

  
MOORE CR2E037 (11/03)

4. FEI Number: **59-2709761**  
Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HURA, CAROLYN**  
**5207 S. ATLANTIC AVE**  
**NEW SMYRNA BCH, FL 32169**

7. Name and Address of New Registered Agent  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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                                                                                                                              |                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| TITLE: PD<br>NAME: PREGMON, MICHAEL<br>STREET ADDRESS: 14441 WINCHIME LANE<br>CITY-ST-ZIP: ORLANDO FL 32837                                             | <input type="checkbox"/> Delete            |
| TITLE: VD<br>NAME: DRIBAN, STANLEY<br>STREET ADDRESS: 5207 S ATLANTIC AVE UNIT 1021-NSB<br>CITY-ST-ZIP: NEW SMYRNA BEACH FL 32169                       | <input type="checkbox"/> Delete            |
| TITLE: SD<br>NAME: KTICHENS, JAMES<br>STREET ADDRESS: 1670 CHOCTAW TRAIL<br>CITY-ST-ZIP: MAITLAND FL 32751                                              | <input type="checkbox"/> Delete            |
| TITLE: TD<br>NAME: HARRIS, JERRY<br>STREET ADDRESS: 1001 E AMELIA STREET<br>CITY-ST-ZIP: ORLANDO FL 32837                                               | <input type="checkbox"/> Delete            |
| TITLE: <del>D</del><br>NAME: <del>KURST, SHELDON</del><br>STREET ADDRESS: <del>3333 BELLEMEADE DRIVE</del><br>CITY-ST-ZIP: <del>VALDOSTA GA 31605</del> | <input checked="" type="checkbox"/> Delete |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                                                              | <input type="checkbox"/> Delete            |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                              |                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE: <b>D</b><br>NAME: <b>THOMAS MORGAN</b><br>STREET ADDRESS: <b>912 WOODCREST WAY</b><br>CITY-ST-ZIP: <b>ORLANDO, FL 32785</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 names empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04 386-423-2305  
Date Daytime Phone #