


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N15991
 1. Entity 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**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/07)

4. FEI Number Applied For
59-2709761 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 _____ DATE _____

Signature typed or printed name of registered agent in the appropriate place. (NOTE: Hold a valid Agent signature on file with the registrar.)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	PREGMON, MICHAEL	14441 WINCHIME LANE	ORLANDO FL 32837	<input type="checkbox"/>
VD	DRIBAN, STANLEY	5207 S ATLANTIC AVE UNIT 1021-NSB	NEW SMYRNA BEACH FL 32169	<input type="checkbox"/>
SD	HISSAM, RICHARD	124 OAK LEAF LANE	LONGWOOD FL 32779	<input type="checkbox"/>
TD	HARRIS, JERRY	1001 E AMELIA STREET	ORLANDO FL 32837	<input type="checkbox"/>
D	MORGAN, THOMAS	912 WOODCREST WAY	OVIDO FL 32785	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 like empowered.

SIGNATURE: Carolyn Hura 2/20/08 386-423-2305