

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15991

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: SEASCAPE TOWERS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5207 SOUTH ATLANTIC AVE.  
NEW SMYRNA BCH., FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

5207 SOUTH ATLANTIC AVE.  
NEW SMYRNA BCH., FL 32169

**New Mailing Address:**

FEI Number: 59-2709761      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HURA, CAROLYN  
5207 S. ATLANTIC AVE  
NEW SMYRNA BCH., FL 32169      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: PREGMON, MICHAEL  
Address: 14441 WINCHIME LANE  
City-St-Zip: ORLANDO, FL 32837

Title: VD      ( ) Delete  
Name: DRIBAN, STANLEY  
Address: 5207 S ATANTIC AVE UNIT 1021-NSB  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD      ( ) Delete  
Name: HISSAM, RICHARD  
Address: 124 OAK LEAF LANE  
City-St-Zip: LONGWOOD, FL 32779

Title: TD      ( ) Delete  
Name: HARRIS, JERRY  
Address: 1001 E AMELIA STREET  
City-St-Zip: ORLANDO, FL 32837

Title: D      ( ) Delete  
Name: MORGAN, THOMAS  
Address: 912 WOODCREST WAY  
City-St-Zip: OVIEDO, FL 32785

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY DRIBAN

VP

01/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date