FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:24

DOCUMENT # **749537** **(7)**

1. Corporation Name
SEASCAPE OWNERSHIP ASSOCIATION, INC.

Principal Place of Business	Mailing Address
73 SEASCAPE CIR ST AUGUSTINE FL 32084	73 SEASCAPE CIR ST AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/29/1979**
3a. Date of Last Report: **04/28/1994**
4. FEI Number: **59-2911370** ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 **76 Seascape Circle**	26 **1093 A1A Beach Blvd.**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 **#230**
City & State 23 **St. Augustine, FL**	City & State 28 **St. Augustine, FL**
Zip / Country 24 **32084** / 25 **St. Johns**	Zip / Country 29 **32084** / 30 **St. Johns**

9. Name and Address of Current Registered Agent

SORENSEN, ROBERT
73 SEASCAPE CIRCLE
ST. AUGUSTINE FL 32804

10. Name and Address of New Registered Agent

31 Name: **PARSONS, MARK**
32 Street Address (P.O. Box Number is Not Acceptable): **8 Seascape Circle**
33
34 City: **St. Augustine** **FL** 35 Zip Code: **32084**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ **MARK PARSONS, PRESIDENT**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	SORENSEN, ROBERT	12 NAME	PARSONS, MARK	
STREET ADDRESS	73 SEASCAPE CIR	13 STREET ADDRESS	8 Seascape Circle	
CITY-ST-ZIP	ST AUGUSTINE FL	14 CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	PARSONS, ALTA	22 NAME	PUTTICK, BARBARA	
STREET ADDRESS	8 SEASCAPE CIR	23 STREET ADDRESS	72 Seascape Circle	
CITY-ST-ZIP	ST AUGUSTINE FL	24 CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	WEST, JUDITH	32 NAME	HUEBNER, JOHN	
STREET ADDRESS	36 SEASCAPE CIR	33 STREET ADDRESS	3601 St. Moritz Street	
CITY-ST-ZIP	ST AUGUSTINE FL	34 CITY-ST-ZIP	Orlando, FL 32812	
TITLE	DVP	41 TITLE	VP	☒ Change ☐ Addition
NAME	BROCKINS, PAUL VAN	42 NAME	DOUCETTE, ROBERT	
STREET ADDRESS	84 SEASCAPE CIR	43 STREET ADDRESS	4 Seascape Circle	
CITY-ST-ZIP	ST AUGUSTINE FL	44 CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	D	51 TITLE	D	☐ Change ☒ Addition
NAME	MERRITT, ROBERT SAME	52 NAME	BOMBER, JERRY	
STREET ADDRESS	2120 WOODLINE AVE	53 STREET ADDRESS	76 Seascape Circle	
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP	St.Augustine, FL 32084	
TITLE	ST	61 TITLE	ST	☒ Change ☐ Addition
NAME	SORENSEN, SANDRA	62 NAME	BOMBER, BARBARA	
STREET ADDRESS	73 SEASCAPE CIR	63 STREET ADDRESS	76 Seascape Circle	
CITY-ST-ZIP	ST. AUGUSTINE FL	64 CITY-ST-ZIP	St. Augustine, FL 32084	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ BARBARA BOMBER, SECRETARY (904)471-4097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR2ZIP