

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90063 028 ****61.25

DOCUMENT # 749537

1. Corporation Name

SEASCAPE OWNERSHIP ASSOCIATION, INC.

Principal Place of Business

73 SEASCAPE CIRCLE
ST AUGUSTINE FL 32084
US

Mailing Address

1093 A1A BEACH BLVDD.
#230
ST AUGUSTINE FL 32084
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/29/1979

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

9. Name and Address of Current Registered Agent

SORENSEN, ROBERT
73 SEASCAPE CIRCLE
ST AUGUSTINE FL 32084

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DOUCETTE, ROBERT
STREET ADDRESS 4 SEASCAPE CIRCLE
CITY-ST-ZIP ST AUGUSTINE FL 32084 ☒ DELETE

TITLE VPD
NAME RODGERS, WINNIE
STREET ADDRESS 15 SEASCAPE CIRCLE
CITY-ST-ZIP ST AUGUSTINE FL 32084 ☒ DELETE

TITLE STD
NAME SORENSEN, ROBERT
STREET ADDRESS 73 SEASCAPE CIRCLE
CITY-ST-ZIP ST AUGUSTINE FL 32084 ☒ DELETE

TITLE D
NAME HUEBNER, JOHN
STREET ADDRESS 3601 ST MORITZ STREET
CITY-ST-ZIP ORLANDO FL ☒ DELETE

TITLE D
NAME WILSON, EARL
STREET ADDRESS 16 SEASCAPE CIRCLE
CITY-ST-ZIP ST AUGUSTINE FL 32084 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Wanda Rodgers
1.3 STREET ADDRESS 15 Seascape Circle
1.4 CITY-ST-ZIP St. Augustine, FL 32084

2.1 TITLE VPD ☐ Change ☒ Addition
2.2 NAME Earl Wilson
2.3 STREET ADDRESS 16 Seascape Circle
2.4 CITY-ST-ZIP St. Augustine, FL 32084

3.1 TITLE STD ☐ Change ☒ Addition
3.2 NAME Robert Sorensen
3.3 STREET ADDRESS 73 Seascape Circle
3.4 CITY-ST-ZIP St. Augustine, FL 32084

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Michael Puttick
4.3 STREET ADDRESS 72 Seascape Circle
4.4 CITY-ST-ZIP St. Augustine, FL 32084

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Marcia Hurst
5.3 STREET ADDRESS 4604 N.W. 93rd Avenue
5.4 CITY-ST-ZIP Gainesville, FL 32601

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/99

Date

(904) 471-8153

Daytime Phone #

CR2E037-(11/98)

0083312