

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 26, 2001 08:00 AM****Secretary of State****DOCUMENT # 749537**1. Entity Name
SEASCAPE OWNERSHIP ASSOCIATION, INC.

Principal Place of Business		Mailing Address	
73 SEASCAPE CIRCLE		1093 A1A BEACH BLVDD.	
#230			
ST AUGUSTINE	FL	ST AUGUSTINE	FL
32084	US	32084	US

2. Principal Place of Business	3. Mailing Address
84 SEASCAPE CIRCLE	1093 A1A BEACH BLVDD.

Suite, Apt. #, etc.	Suite, Apt. #, etc.
	#230

City & State	City & State
ST AUGUSTINE FL	ST AUGUSTINE FL

Zip	Country	Zip	Country
32080	US	32080	US

4. FEI Number	Applied For
59-2911370	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SORENSEN ROBERT		Name DUNNE FRANCES	
73 SEASCAPE CIRCLE		Street Address (P.O. Box Number is Not Acceptable) 84 SEASCAPE CIRCLE	
ST AUGUSTINE FL		City ST AUGUSTINE FL Zip Code 32080	
32084 US			

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.

SIGNATURE FRANCES DUNNE	03/26/2001
Signature, typed or printed name of registered agent and title if applicable.	DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HURST MARCIA		NAME RODGERS WANDA	
STREET ADDRESS 4604 NW 93RD AVE		STREET ADDRESS 15 SEASCAPE CIRCLE	
CITY-ST-ZIP GAINESVILLE FL 32601		CITY-ST-ZIP ST. AUGUSTINE FL 32080	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARVY ANGELA C		NAME GARVY ANGELA C	
STREET ADDRESS 32 SEASCAPE CIRCLE		STREET ADDRESS 32 SEASCAPE CIRCLE	
CITY-ST-ZIP ST AUGUSTINE FL 32084		CITY-ST-ZIP ST AUGUSTINE FL 32080	
TITLE STD	<input type="checkbox"/> Delete	TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARSONS MARK		NAME DUNNE FRANCES	
STREET ADDRESS 8 SEASCAPE CIRCLE		STREET ADDRESS 84 SEASCAPE CIRCLE	
CITY-ST-ZIP ST AUGUSTINE FL 32084		CITY-ST-ZIP ST AUGUSTINE FL 32080	
TITLE VPD	<input type="checkbox"/> Delete	TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DONCETTE ROBERT		NAME DONCETTE ROBERT	
STREET ADDRESS 4 SEASCAPE CIRCLE		STREET ADDRESS 4 SEASCAPE CIRCLE	
CITY-ST-ZIP ST AUGUSTINE FL 32084		CITY-ST-ZIP ST AUGUSTINE FL 32080	
TITLE PD	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RODGERS WANDA		NAME WILLIAMS CHRIS	
STREET ADDRESS 15 SEASCAPE CIR		STREET ADDRESS 4299 A1A SOUTH	
CITY-ST-ZIP ST AUGUSTINE FL 32084		CITY-ST-ZIP ST AUGUSTINE FL 32080	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: FRANCES DUNNE	STD	03/26/2001
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)