

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749537

1. Entity Name

SEASCAPE OWNERSHIP ASSOCIATION, INC.

Principal Place of Business

84 SEASCAPE CIRCLE
ST AUGUSTINE FL 32080
US

Mailing Address

1093 A1A BEACH BLVDD.
#230
ST AUGUSTINE FL 32080
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2911370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNNE, FRANCES
84 SEASCAPE CIRCLE
ST AUGUSTINE FL 32080

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> Delete
NAME	WILLIAMS, CHRIS	
STREET ADDRESS	4299 A1A SOUTH	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DONCETTE, ROBERT	
STREET ADDRESS	4 SEASCAPE CIRCLE	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DUNNE, FRANCES	
STREET ADDRESS	84 SEASCAPE CIRCLE	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARVY, ANGELA C	
STREET ADDRESS	32 SEASCAPE CIRCLE	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODGERS, WANDA	
STREET ADDRESS	15 SEASCAPE CIRCLE	
CITY-ST-ZIP	ST. AUGUSTINE FL 82080	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS SAMPSON	
STREET ADDRESS	48 SEASCAPE CIRCLE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL PUTTICK	
STREET ADDRESS	72 SEASCAPE CIRCLE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALLAN JOHNSON	
STREET ADDRESS	16 SEASCAPE CIRCLE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(i), 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 (FRANCES DUNNE) (TSD) 3/1/02 (904) 471-9705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90027 017 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)