

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749537

FILED
Feb 22, 2006
Secretary of State

Entity Name: SEASCAPE OWNERSHIP ASSOCIATION, INC.

Current Principal Place of Business:

45 SEASCAPE CIRCLE
ST AUGUSTINE, FL 32080 US

New Principal Place of Business:

84 SEASCAPE CIRCLE
ST AUGUSTINE, FL 32080 US

Current Mailing Address:

PO BOX 840022
ST AUGUSTINE, FL 320800022 US

New Mailing Address:

FEI Number: 59-2911370 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN, BORN
45 SEASCAPE CIRCLE
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

DUNNE, FRANCES H
84 SEASCAPE CIRCLE
ST AUGUSTINE, FL 32080 US

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 H DUNNE

02/22/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HADDOCK, NANCY
Address: 4 SEASCAPE CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VPD () Delete
Name: BOMBER, JERRY
Address: 76 SEASCAPE CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: SD () Delete
Name: BORN, JOHN
Address: 45 SEASCAPE CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: DT () Delete
Name: MCDONALD, JOHN
Address: 1468 TAMARAN PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: DANNER, CHRISTINE
Address: 19 SEASCAPE CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32080

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: DT (X) Change () Addition
Name: DUNNE, FRANCES
Address: 84 SEASCAPE CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D (X) Change () Addition
Name: HEWITT, KENNITH
Address: 19 SEASCAPE CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANCES H DUNNE

DT

02/22/2006

Electronic Signature of Signing Officer or Director

Date