
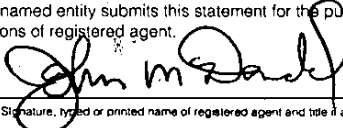
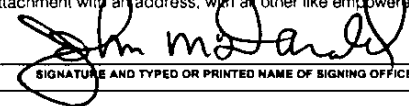


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90005 018 ****61.25

DOCUMENT # 749537 1. Entity Name SEASCAPE OWNERSHIP ASSOCIATION, INC.					
Principal Place of Business 84 SEASCAPE CIRCLE ST AUGUSTINE, FL 32080 US			Mailing Address MAY MANAGEMENT SERVICES, INC 5455 A1A S. ST AUGUSTINE, FL 32080 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2911370	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MAY MANAGEMENT SERVICES, INC. 5455 A1A S. ST AUGUSTINE, FL 32080				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				\$8.75 Additional Fee Required	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE D NAME HADDOCK, NANCY STREET ADDRESS 4 SEASCAPE CIRCLE CITY-ST-ZIP ST AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete				
TITLE D NAME PUTTICK, MICHAEL STREET ADDRESS 72 SEASCAPE CIRCLE CITY-ST-ZIP ST AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete				
TITLE P NAME BORN, JOHN STREET ADDRESS 45 SEASCAPE CIRCLE CITY-ST-ZIP ST AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete				
TITLE T NAME DUNNE, FRANCES STREET ADDRESS 84 SEASCAPE CIRCLE CITY-ST-ZIP ST. AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete				
TITLE VP NAME ROGERS, WANDA STREET ADDRESS 15 SEASCAPE CIRCLE CITY-ST-ZIP ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete				
TITLE S NAME SELVIG, GAIL STREET ADDRESS 5261 RIDGECREST AVENUE CITY-ST-ZIP JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE P NAME Haddock, Jerry STREET ADDRESS 4 Seascape Circle CITY-ST-ZIP St Augustine, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE S NAME Rebecca Ahrens STREET ADDRESS 81 Seascape Circle CITY-ST-ZIP St Augustine, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE T NAME John McDonald STREET ADDRESS 41 Seascape Circle CITY-ST-ZIP St Augustine, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE D NAME Christopher Williams ETUX STREET ADDRESS 83 Seascape Circle CITY-ST-ZIP St Augustine, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 1-17-08	

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01072008 Chg-NP CR2E037 (12/06)