#### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 742862** 

Entity Name: SEASCAPE OF LITTLE HICKORY ISLAND, INC.

FILED
Jan 12, 2015
Secretary of State
CC8514072566

## **Current Principal Place of Business:**

25810 HICKORY BLVD. BONITA SPRINGS, FL 34134

### **Current Mailing Address:**

25810 HICKORY BLVD.

BONITA SPRINGS. FL 34134 US

FEI Number: 59-1880436 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

DAVIES, CHRISTOPHER N MERCATO-9110 STRADA PLACE SUITE 6200 NAPLES, FL 34108 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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title VP Title P

Name ECKLOFF, AL VP Name SCHNEIDER, LINDA

Address 3084 WILDS RIDGE CT NW Address 8472 S SHOREVIEW DRIVE

City-State-Zip: PRIOR LAKE MN 55372 City-State-Zip: TRAFALGAR IN 46181

Title SD Title D

NameCORCELLI, DIANENameDRENTH, KENNETHAddress25800 HICKORY BLVD #408Address8540 STONEGATE CT.

City-State-Zip: BONITA SPRINGS FL 34134 City-State-Zip: ST. JOHN IN 46373

Title T Title DIRECTOR

Name GARY, SWANSON Name BORRELL, GARY

Address 105 NORTH 12TH ST Address 17988 75TH AVE. N.

City-State-Zip: SAVANNAH MO 64485 City-State-Zip: MAPLE GROVE MN 55311

Title DIRECTOR

Name POUCH, SUSAN

Address P O BOX 166

City-State-Zip: ARDSLEY ON HUDSON NY 10503

I hereby 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 all other like empowered.

SIGNATURE: LINDA SCHNEIDER

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

01/12/2015