

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 742862

**Entity Name:** SEASCAPE OF LITTLE HICKORY ISLAND, INC.

**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:** No

**Name and Address of Current Registered Agent:**

DEBOEST, RICHARD D ESQ.  
2030 MDGREGOR BOULEVARD  
FORT MYERS, FL 33901 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            PRESIDENT  
Name            GEORGE, RON  
Address        25800 HICKORY BLVD. #506  
City-State-Zip: BONITA SPRINGS FL 34134

Title            DIRECTOR  
Name            MARANGOLA, JOHN  
Address        306 SEDGWICK DRIVE  
City-State-Zip: SYRACUSE NY 13203

Title            TREASURER  
Name            GARY, SWANSON  
Address        105 NORTH 12TH ST  
City-State-Zip: SAVANNAH MO 64485

Title            VP  
Name            SCHNEIDER, LINDA  
Address        25800 HICKORY BLVD. #208  
City-State-Zip: BONITA SPRINGS FL 34134

Title            SECRETARY  
Name            ORR, RHONDA  
Address        6005 W. COUNTY RD 105  
City-State-Zip: FRENCH LICK IN 47432

Title            DIRECTOR  
Name            VIDAL, BERT  
Address        128 INDIAN GRASS DRIVE  
City-State-Zip: SAINT JOHNS FL 32259

Title            DIRECTOR  
Name            VERTIN, PETE  
Address        4453 S CR 950 W  
City-State-Zip: FRENCH LICK IN 47432

*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: RON GEORGE**

**PRESIDENT**

**12/14/2021**

Electronic Signature of Signing Officer/Director Detail

Date