

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749537

Entity Name: SEASCAPE OWNERSHIP ASSOCIATION, INC.**Current Principal Place of Business:**3942 A1A S
ST AUGUSTINE, FL 32080**Current Mailing Address:**3942 A1A S
ST AUGUSTINE, FL 32080 US**FEI Number: 59-2911370****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COASTAL REALTY & PROPERTY MANAGEMENT, INC.
3942 A1A S
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SECRETARY
Name	LYONS, BONNIE
Address	9149 SW 47TH PL
City-State-Zip:	GAINESVILLE FL 32608

Title	VP
Name	RODGERS, WANDA
Address	15 SEASCAPE CIRCLE
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	DIRECTOR
Name	AHRENS, BECKY
Address	4820 SE 10TH PLACE
City-State-Zip:	OCALA FL 34471

Title	P
Name	DEWAR, DON
Address	68 SEASCAPE CIRCLE
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	T
Name	MCDONALD, JOHN
Address	43 SEASCAPE CIRCLE
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	MANAGER
Name	KELLEY, LAURA
Address	3942 A1A SOUTH
City-State-Zip:	ST. AUGUSTINE FL 32080

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: LAURA KELLEY**MANAGER****01/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date