

**2019 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 VP  
Name AHRENS, BECKY  
Address 81 SEASCAPE CIRCLE  
City-State-Zip: GAINESVILLE FL 32080

Title PRESIDENT  
Name GARRETT, STEVE  
Address 36 SEASCAPE CIRCLE  
City-State-Zip: ST. AUGUSTINE FL 32080

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

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

Title TREASURER  
Name DUNNE, FRAN  
Address 84 SEASCAPE CIRCLE  
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: JUDY ALLIGOOD**

**MANAGER**

**01/22/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date