FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:15

DOCUMENT # **725178** **(8)**

1. Corporation Name

SEASCAPE OF JACKSONVILLE BEACH CONDOMINIUM ASSOC IATION INC

Principal Place of Business	Mailing Address
1601 OCEAN DRIVE SOUTH JACKSONVILLE BEACH FL 32250	1601 OCEAN DRIVE SOUTH JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1973
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-1533704 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MARTIN, DAVID M.
1601 OCEAN DR.,S.#408
JACKSONVILLE BCH. FL 32250

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	DAUGHARTY, JOHN	1.2 NAME	Tenenbaum, Stanley
STREET ADDRESS	1601 OCEAN DR. S., #210	1.3 STREET ADDRESS	1601 Ocean Dr. S. #103
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville Bch., Fl.
TITLE	VPD	2.1 TITLE	VPD ☐ Change ☐ Addition
NAME	LABBE, NANCY	2.2 NAME	Tanner, ALta
STREET ADDRESS	1601 OCEAN DR S #510	2.3 STREET ADDRESS	1601 Ocean Dr. S. #108
CITY-ST-ZIP	JAX BCH FL	2.4 CITY-ST-ZIP	Jacksonville Bch., Fl.
TITLE	SD	3.1 TITLE	SD ☐ Change ☐ Addition
NAME	MCGINLEY, JAMES	3.2 NAME	Eleanora Murphy
STREET ADDRESS	1601 OCEAN DR. S., #205	3.3 STREET ADDRESS	1601 Ocean Dr. S. #801
CITY-ST-ZIP	JAX BCH FL	3.4 CITY-ST-ZIP	Jacksonville Bch., Fl.
TITLE	TD	4.1 TITLE	TD ☐ Change ☐ Addition
NAME	TENENBAUM, STANLEY	4.2 NAME	Forbes, Nathan
STREET ADDRESS	1601 OCEAN DR S #103	4.3 STREET ADDRESS	1601 Ocean Dr. S. #403
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville Bch., Fl.
TITLE	D	5.1 TITLE	D ☐ Change ☐ Addition
NAME	NIX, ROBERT DR	5.2 NAME	Nix, Robert Dr.
STREET ADDRESS	1601 OCEAN DR S #102	5.3 STREET ADDRESS	1601 Ocean Dr. S. #102
CITY-ST-ZIP	JAX FL	5.4 CITY-ST-ZIP	Jacksonville Bch., FL
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stanley Tenenbaum 3/7/95 270-1094
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
Stanley Tenenbaum

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