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NONPROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Mar 13 1997 8:00am

Secretary of State

904-354-4162

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725178

(8)

SEASCAPE OF JACKSONVILLE BEACH CONDOMINIUM ASSOCIATION INC

Principal Place of Business Mailing Address 1601 OCEAN DRIVE SOUTH 1601 OCEAN DRIVE SOUTH JACKSONVILLE BEACH FL 32250-6362 JACKSONVILLE BEACH FL 32250 Date Incorporated or Qualified 01/04/1973 3a. Date of Last Report 04/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number **Applied For** 59-1533704 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country ZiD Country ZiD This corporation has liability for intangible tax under s. 199.032, Yes Mo Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name MARTIN, DAVID M. 82 Street Address (P.O. Box Number is Not Acceptable) 1601 OCEAN DR..S.#408 83 JACKSONVILLE BCH. FL 32250 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13, Change DELETE TITLE PD 1.1 TITLE Ira Ehrilch TENENBAUM, STANLEY 1.2 NAME NAME 1601 Ocean Dr. S. #305 1601 OCEAN DR. S. #103 STREET ADDRESS 1.3 STREET ADDRESS Jacksonville BCh. Fl. 32250 JACKSONVILLE FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE VPD 2.1 TITLE TANNER, ALTA Dal Robertson NAME 2.2 NAME 1601 OCEAN DR. S. #108 1601 Ocean Dr. S. #509 STREET ADDRESS 2.3 STREET ADDRESS JAX BCH FL Jacksonville Bch., Fl. CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE SD 3.1 TITLE TITLE SD ROBERTSON, DAL NAME 3.2 NAME Judith Taylor 1601 OCEAN DR S #509 3.3 STREET ADDRESS STREET ADDRESS 1601 Ocean Dr. S. #510 Jacksonville Beach Fl CITY-ST-ZIP 3.4. CITY - ST - ZIP Jacksonville BCh., FL. 32250 DELETE 4.1 TITLE TITLE TD TD The You Robsum FORBES, NATHAN 4. 2 NAME NAME Lee Van Rossum 1601 OCEAN DR. S. #403 4.3 STREET ADDRESS STREET ADORESS 168ks88899118 BCA; #309 32250 JACKSONVILLE FL CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NIX, ROBERT DR NAME 5.2 NAME Fernand Telmosse 1601 OCEAN DR \$ #102 5.3 STREET ADDRESS 1601 Ocean Dr. S. #1005 STREET ADDRESS JAX FL CITY-ST-ZIF 5.4 CITY-ST-ZIP Jacksonville Bch.. DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 Granged, or on an attachment with an address.

HOULK?[]