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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725178

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/04/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1533704 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 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 _____ 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	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	TELMOSSE, FERNAND		1.2 NAME	George Levin	
STREET ADDRESS	1601 OCEAN DR S SUITE 1005		1.3 STREET ADDRESS	1601 Ocean DR. S. #702	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		1.4 CITY-ST-ZIP	Jacksonville BCh., FL. 32250	
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	ROBERTSON, DAL		2.2 NAME	Jack Bobeck	
STREET ADDRESS	1601 OCEAN DRIVE S., #509		2.3 STREET ADDRESS	1601 Ocean DR. S. #909	
CITY-ST-ZIP	JACKSONVILLE BEACH FL		2. 4 CITY-ST-ZIP	Jacksonville Bch. #2250	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	MCGINLEY, JOAN P		3.2 NAME		
STREET ADDRESS	1601 OCEAN DR S SUITE 205		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	NEIL, DANNY A		4. 2 NAME	Jon Johnson	
STREET ADDRESS	1601 OCEAN DR S SUITE 310		4.3 STREET ADDRESS	1601 Ocean DR. S. #1009	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		4.4 CITY-ST-ZIP	Jacksonville Bch., Fl. 32250	
TITLE	TD	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	LEVIN, GEORGE		5.2 NAME	Sheldon Singal	
STREET ADDRESS	1601 OCEAN DR S SUITE 702		5.3 STREET ADDRESS	2980 Bernice Court	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		5.4 CITY-ST-ZIP	Jacksonville BCh., FL. 32250	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X George Levin **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #