2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State
03-31-2000 90079 047 ****61.25

DOCUMENT # 725178

1. Entity Name

SEASCAPE OF JACKSONVILLE BEACH CONDOMINIUM ASSOC

Principal Place of Business	Mailing Address
1601 OCEAN DRIVE SOUTH JACKSONVILLE BEACH FL 32250	1601 OCEAN DRIVE SOUTH JACKSONVILLE BEACH FL 32250-6362

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1533704 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DELETE

7. Name and Address of New Registered Agent

Name: Johnson, Jon
Street Address (P.O. Box Number is Not Acceptable): 1601 Ocean Drive S., #1009
City: Jacksonvlle Bch., Fl. 32250
FL
Zip Code

8. 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 Jon Johnson Treasurer 3/23/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEVIN, GEORGE 1601 OCEAN DR S., #702 JACKSONVILLE BEACH FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROBERTSON, DAL 1601 OCEAN DRIVE S., #509 JACKSONVILLE BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Seaman, Olivia 1601 Ocean Drive S. #607 Jacksonville Bch., Fl. 32250	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCGINLEY, JOAN P 1601 OCEAN DR S SUITE 205 JACKSONVILLE BEACH FL 32250	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Enders, Lawrence 1601 Ocean Drive S. #309 Jacksonville Bch., Fl. 32250	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEIL, DANNY A 1601 OCEAN DR S SUITE 310 JACKSONVILLE BEACH FL 32250	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Johnson, Jon 1601 Ocean Drive St. #1009, Jax., Fl. 32250	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEVIN, GEORGE 1601 OCEAN DR S SUITE 702 JACKSONVILLE BEACH FL 32250	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Singal, Sheldon 2980 Bernice Court, Jax., Fl. 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BOBECK, JACK 1601 OCEAN DR S., #909 JACKSONVILLE BCH FL 32250	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jon Johnson SIGNATURE REQUIRED 3/23/00 904-396-1597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #