## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## **DOCUMENT # 725178**



**FILED** Apr 19, 2004 8:00 am Secretary of State

1. Entity Name SEASCAPE OF JACKSONVILLE BEACH CONDOMINIUM ASSOCIATION INC						04-19-2004 90247 030 ****61.25				
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			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				in 11251 dilbi ildit 15261 lan bidil eta	11 <b>- 11 - 11 - 11 - 11 - 11 - 11 - 11 </b>	I(8) 8) (80)	
City & State			City & State			4. FEI Number Applied For				
Zip Country						59-1533704 Not Applicable  5. Certificate of Status Desired   \$8.75 Additional				
	6 Nama			· · · · · · · · · · · · · · · · · · ·				Fee Required		
6. Name and Address of Current Registered Agent Name						7. Name and Address of New Registered Agent				
-COC	BURN, A	l DR.,S.# 1 <del>008</del> 7 0	· · · · · · · · · · · · · · · · · · ·	Street	Street Address (P.O. Box Number is Not Acceptable)					
JAC	KŠONVIL	LE BCH. FL 32250	,			<del></del>				
				City		<del></del>	F	L Zip Code	9	
	named entitions of regist		the purpose of changing its re	egistered office	or register	red agent, or both, i	in the State of Florida. 1 ar	m familiar with,	and accept	
		1	l							
SIGNATURE		or printed name of registered agenta	nd title if applicable. (NOTE:	Registered Agent sign	nature required	I wheл reinstating)	DATE	 :		
FILE:NOW::FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.						\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable artment of S		
10.		definition of the familian manages are the form					A CONTRACTOR OF STREET	Mary Arthur		
	WRD m	OFFICERS AND DIR		11.	<del></del>	ADDITIONS/CHAN	GES TO OFFICERS AND I		10	
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TITLE	SEAMAN, 1601 OCE	reasurer		TITLE		ADDITIONS/CHAN	GES TO OFFICERS AND I		10	
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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 ampowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAR OFFICER OR DIRECTOR