

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90104 014 ****61.25

DOCUMENT # 725178

1. Entity Name

**SEASCAPE OF JACKSONVILLE BEACH CONDOMINIUM
ASSOCIATION INC**



Principal Place of Business

**SEASCAPE CONDOMINIUMS, INC.
1601 OCEAN DRIVE SOUTH
JACKSONVILLE BEACH FL 32250**

Mailing Address

**SEASCAPE CONDOMINIUMS, INC.
1601 OCEAN DRIVE SOUTH
JACKSONVILLE BEACH FL 32250**



2. Principal Place of Business

same as above

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-1533704

Applied For

Not Applicable

Zip

Country

Duval

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COGBURN, A. FAYE
1601 OCEAN DR., S. # 701
JACKSONVILLE BCH. FL 32250**

7. Name and Address of New Registered Agent

Name

Seaman, Olivia Secretary

Street Address (P.O. Box Number is Not Acceptable)

1601 Ocean Drive South #406

City

Jacksonville Beach,

FL

Zip Code

32250

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Olivia Seaman

Secretary

4/6/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **T** ☐ Delete
NAME **SEAMAN, OLIVIA**
STREET ADDRESS **1601 OCEAN DRIVE S., #406**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **S** ☐ Delete
NAME **ENDERS, LAWRENCE**
STREET ADDRESS **1601 OCEAN DR S SUITE #309**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **P** ☐ Delete
NAME **COGBURN, A.FAYE**
STREET ADDRESS **1601 OCEAN DR S. #701**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **D** ☐ Delete
NAME **FINN, REBECCA**
STREET ADDRESS **1601 OCEAN DR S., #403**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **VP** ☐ Delete
NAME **LEVIN, GEORGE**
STREET ADDRESS **1601 OCEAN DRIVE #702**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Seaman, Olivia**
STREET ADDRESS **#406**
CITY-ST-ZIP **same as before**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Enders, Lawrence**
STREET ADDRESS **#309**
CITY-ST-ZIP **same as before**

TITLE **Director At Large** ☒ Change ☐ Addition
NAME **Cogburn, A. Faye**
STREET ADDRESS **#701**
CITY-ST-ZIP

TITLE **President** ☒ Change ☐ Addition
NAME **Finn, Rebecca**
STREET ADDRESS **#403**
CITY-ST-ZIP **same as before**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Olivia Seaman

4/6/06

904 249-3861