

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90019 023 ****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 - No P.O. Box #

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**

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEAMAN, OLIVIA
1601 OCEAN DR.,S.
#406
JACKSONVILLE BCH. FL 32250**

Name

Becky Finn, Secretary

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

1601 Ocean Drive South #403

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

Rebecca J. Finn

Rebecca J. FINN

3/30/08

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
Due By May 1, 2008**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
SEAMAN, OLIVIA
1601 OCEAN DRIVE S., #406
JACKSONVILLE BEACH FL 32250**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
ENDERS, LAWRENCE
1601 OCEAN DR S SUITE #309
JACKSONVILLE BEACH FL 32250**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DAL
RASMUSSEN, DAVE
1601 OCEAN DRIVE SOUTH #407
JACKSONVILLE BEACH FL 32250**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
FINN, REBECCA
1601 OCEAN DR S., #403
JACKSONVILLE BEACH FL 32250**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
LEVIN, GEORGE
1601 OCEAN DRIVE #702
JACKSONVILLE BEACH FL 32250**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

At Large

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice - President

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secretary

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Treasurer

☒ Change ☐ Addition

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 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:

Rebecca J. Finn, Secretary

Rebecca J. FINN 3/30/08 904-249-3861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

File

Customer Phone #