

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 753036 (3)**

1. Corporation Name  
**SEASCAPE OF NORTH REDINGTON BEACH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **16800 GULF BLVD N, N REDINGTON BEACH, LARGO FL 33708, US**  
Mailing Address: **C/O PAREKH, DENNARD AND CO., 2700 E BAY DR #107, LARGO FL 34641, US**

3. Date Incorporated or Qualified: **06/20/1980**  
3a. Date of Last Report: **02/03/1995**  
4. FEI Number: **59-2071309**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26 PAREKH, COMMONS Co.**  
Suite, Apt. #, etc.: **27 same**  
City & State: **28**  
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**KINTZINGER, JOHN W  
16800 GULF BLVD #10  
N REDINGTON BCH FL 33708**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>TD</b> <input type="checkbox"/> DELETE  | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JAHNA, EMIL, MRS.</b>                   | 12 NAME   |   |
| STREET ADDRESS             | <b>406 MASTERPIECE ROAD</b>                | 13 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>LAKE WALES FL</b>                       | 14 CITY-ST-ZIP  |   |
| TITLE                      | <b>VPD</b> <input type="checkbox"/> DELETE | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HICKS, BOB</b>                          | 22 NAME   |   |
| STREET ADDRESS             | <b>3101 SAMARA DRIVE</b>                   | 23 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>TAMPA, FLORIDA 33618</b>                | 24 CITY-ST-ZIP  |   |
| TITLE                      | <b>SD</b> <input type="checkbox"/> DELETE  | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>APGAR, MARTHA</b>                       | 32 NAME   |   |
| STREET ADDRESS             | <b>16 HILLCREST RD</b>                     | 33 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>MARTINSVILLE NJ</b>                     | 34 CITY-ST-ZIP  |   |
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE  | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KINTZINGER, JOHN</b>                    | 42 NAME   |   |
| STREET ADDRESS             | <b>1817 COUNTRY CLUB DR</b>                | 43 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>GRINNELL IA</b>                         | 44 CITY-ST-ZIP  |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WALDER, KEN</b>                         | 52 NAME   |   |
| STREET ADDRESS             | <b>922 EWING AVE</b>                       | 53 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>FRANKLIN LAKES NJ</b>                   | 54 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 62 NAME   |   |
| STREET ADDRESS             |  | 63 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |  | 64 CITY-ST-ZIP  |   |

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY-ST-ZIP    |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY-ST-ZIP    |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY-ST-ZIP    |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY-ST-ZIP    |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY-ST-ZIP    |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 CITY-ST-ZIP    |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Robert H. Hicks* **Robert H. Hicks, VP.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 813/886-7722  
DATE DAYTIME PHONE #

CR2E037 (12/95)