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**FILED**

**Jan 29 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



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 Mailing Address  
**16900 GULF BLVD N  
N REDINGTON BEACH  
LARGO FL 33708  
US** **PAREKH. COMMONS AND CO  
2700 E BAY DR #107  
LARGO FL 33771-2459  
US**

3. Date Incorporated or Qualified **06/20/1980** 3a. Date of Last Report **02/07/1996**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-2071309** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KINTZINGER, JOHN W  
16900 GULF BLVD #10  
N REDINGTON BCH FL 33708**

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
NAME	<b>JAHNA, EMIL, MRS.</b>	
STREET ADDRESS	<b>406 MASTERPIECE ROAD</b>	
CITY-ST-ZIP	<b>LAKE WALES FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>HICKS, BOB</b>	
STREET ADDRESS	<b>3101 SAMARA DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA, FLORIDA 33618</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>APGAR, MARTHA</b>	
STREET ADDRESS	<b>16 HILLCREST RD</b>	
CITY-ST-ZIP	<b>MARTINSVILLE NJ</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>KINTZINGER, JOHN</b>	
STREET ADDRESS	<b>1817 COUNTRY CLUB DR</b>	
CITY-ST-ZIP	<b>GRINNELL IA</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WALDER, KEN</b>	
STREET ADDRESS	<b>922 EWING AVE</b>	
CITY-ST-ZIP	<b>FRANKLIN LAKES NJ</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D COHEN, GARY</b>
6.3 STREET ADDRESS	<b>1313 GRAY ST.</b>
6.4 CITY-ST-ZIP	<b>TAMPA, FL 33606</b>

14. I do 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 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: \_\_\_\_\_ DATE: **1/21/97** **813/216-7227**

CR2E037 (9/96)