



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90050 043 \*\*\*\*61.25

<b>DOCUMENT # 753036</b>					
1. Entity Name SEASCAPE OF NORTH REDINGTON BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 16800 GULF BLVD N NORTH REDINGTON BEACH, FL 33708 US			Mailing Address 300 S.DUNCAN AVE. 220 B CLEARWATER, FL 33755 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03272008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2071309	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLS, SETH 100 N. TAMPA ST STE. 2010 TAMPA, FL 33602			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, BOB		NAME		
STREET ADDRESS	10012 N. DALE MABRY., STE. 213		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APGAR, MARTHA		NAME		
STREET ADDRESS	16 HILLCREST RD		STREET ADDRESS		
CITY-ST-ZIP	MARTINSVILLE, NJ 08836		CITY-ST-ZIP		
TITLE	T/S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDER, DOT		NAME	Walder, Dot	
STREET ADDRESS	922 EWING AVE		STREET ADDRESS	922 Ewing Ave	
CITY-ST-ZIP	FRANKLIN LAKES, NJ 07417		CITY-ST-ZIP	Franklin Lake, NJ 07417	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, SETH		NAME	Mills, Seth	
STREET ADDRESS	16800 GULF BLVD #12		STREET ADDRESS	100 North Tampa St # 2010	
CITY-ST-ZIP	N REDINGTON BEACH, FL 33708		CITY-ST-ZIP	Tampa, FL 33602	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAHNA, JEANNE		NAME		
STREET ADDRESS	2250 N SCENIC HWY		STREET ADDRESS		
CITY-ST-ZIP	BABSON PARK, FL 33827		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		Date: 4/2/08		Daytime Phone #: 813 7694805	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					