

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **770563** (5)
1. Corporation Name
SEASCAPE CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

APPROVED AND FILED
195 MAY - 1 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2290 OCEAN SHORE BLVD P O BOX 3062 ORMOND BEACH FL 32175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/04/1983** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2329191** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under R. 169 (R.V. Florida Statutes) Yes No

2. Principal Place of Business 2a. Mailing Address
21 **2290 Oceanshore Blvd.** 26 **P. O. Box 3062**
22 Suite, Apt. #, etc. **Unit #105** 27 Suite, Apt. #, etc. **#105**
23 City & State **Ormond Beach, Fl** 28 City & State **Ormond Beach, Fl**
24 Zip **32176** 25 Country **Volusia** 29 Zip **32176** 30 Country **Volusia**

9. Name and Address of Current Registered Agent
**EDWARDS, BYRON E
2290 OCEAN SHORE BLVD #102
ORMOND BEACH FL 32176**

10. Name and Address of New Registered Agent
81 Name **Alice C. House**
82 Street Address (P.O. Box Number is Not Acceptable) **2290 Oceanshore Blvd. # 303**
83
84 City **Ormond Beach** FL 85 Zip Code **32176**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Alice C. House* **Alice C. House** 4/14/95
DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	MARY LOU WALSH
STREET ADDRESS	2290 OCEAN SHORE #207
CITY - ST - ZIP	ORMOND BEACH FL
TITLE	D
NAME	HOUSE, ALICE
STREET ADDRESS	2290 OCEAN SHORE #303
CITY - ST - ZIP	ORMOND BEACH FL
TITLE	S
NAME	WALKER, PEGGY
STREET ADDRESS	2290 OCEAN SHORE #107
CITY - ST - ZIP	ORMOND BEACH FL
TITLE	T
NAME	NOURSE JACK
STREET ADDRESS	2290 OCEAN SHORE #502
CITY - ST - ZIP	ORMOND BEACH FL
TITLE	VPD
NAME	FABULICH, MIKE
STREET ADDRESS	2290 OCEAN SHORE #208
CITY - ST - ZIP	ORMOND BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Alice C. House
13 STREET ADDRESS	2290 Oceanshore Blvd. #303
14 CITY - ST - ZIP	Ormond Beach, Fl 32176
21 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Ed Steyns
23 STREET ADDRESS	2290 Oceanshore Blvd. # 208
24 CITY - ST - ZIP	Ormond Beach, Fl 32176
31 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Anna R. Mercure
33 STREET ADDRESS	2290 Oceanshore Blvd. #505
34 CITY - ST - ZIP	Ormond Beach, Fl 32176
41 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	John Whelton
43 STREET ADDRESS	2290 Oceanshore Blvd. # 403
44 CITY - ST - ZIP	Ormond Beach, Fl 32176
51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Sue Woodham
53 STREET ADDRESS	2290 Oceanshore Blvd. #102
54 CITY - ST - ZIP	Ormond Beach, Fl 32176
61 TITLE	n/a <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: *Alice C. House* **Alice C. House #303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR