

**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

**FILED**  
**Mar 19, 1996 08:00 AM**  
**Secretary of State**

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



Principal Place of Business: **2290 OCEAN SHORE BLVD UNIT 105 ORMOND BEACH FL 32176 US**  
Mailing Address: **P.O. BOX 3062 UNIT 105 ORMOND BEACH FL 32176 US**

3. Date incorporated or Qualified: **10/04/1983** 3a. Date of Last Report: **05/01/1995**  
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**  
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)  
Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)  
City & State (23) City & State (28)  
Zip (24) Country (25) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
**HOUSE, ALICE C  
2290 OCEANSHORE BLVD. #303  
ORMOND BEACH FL 32176**

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 \_\_\_\_\_ (Signature typed or printed name of registered agent and title, if applicable) (INCITE Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	STEYNS, ED	
STREET ADDRESS	2290 OCEANSHORE BLVD. #208	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOUSE, ALICE	
STREET ADDRESS	2290 OCEAN SHORE #303	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MECURE, ANNA R	
STREET ADDRESS	2290 OCEANSHORE BLVD. #505	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WHELTON, JOHN	
STREET ADDRESS	2290 OCEANSHORE BLVD. #403	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOODHAM, SUE	
STREET ADDRESS	2290 OCEANSHORE BLVD. #102	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	Pres. D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Mr. Byron Edwards	
13 STREET ADDRESS	2290 Ocean Shore Blvd. #308	
14 CITY-ST-ZIP	Ormond Beach Fl. 32176	
21 TITLE	V. Pres. D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Duane Bradley	
23 STREET ADDRESS	606 Herchel Dr.	
24 CITY-ST-ZIP	Temple Terrace Fl. 33617	
31 TITLE	Suc. D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	FRANK T. WALSH	
33 STREET ADDRESS	2290 Ocean Shore Blvd #207	
34 CITY-ST-ZIP	Ormond Beach Fl 32176	
41 TITLE	C. J. Murphy (Director)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	2290 Ocean Shore Blvd	
44 CITY-ST-ZIP	Ormond Beach Fl. 32176	
51 TITLE	Treas. D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Sue Woodham	
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, unchanged, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: **3-14-96** Daytime Phone #: **904-441-6633**

CR2E037 (12/95)