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FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

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



Principal Place of Business Mailing Address  
2290 OCEAN SHORE BLVD  
UNIT 105  
ORMOND BEACH FL 32176  
US  
P.O. BOX 3062  
UNIT 105  
ORMOND BEACH FL 32175-3062  
US

3. Date Incorporated or Qualified 10/04/1983  
3a. Date of Last Report 03/19/1996

2. Principal Place of Business 2a. Mailing Address  
21 2180 WEST SR 434 26 2180 WEST SR 434

4. FEI Number 59-2329191  
Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 STE 5000 27 STE 5000

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

City & State City & State  
23 LONGWOOD FL 28 LONGWOOD FL

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

Zip Country Zip Country  
24 32779-5044 26 USA 29 32779-5044 30 USA

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

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 JAMES W. HART JR  
82 Street Address (P.O. Box Number is Not Acceptable) SENTRY MANAGEMENT, INC.  
83 2180 WEST SR 434, STE 5000  
84 City LONGWOOD FL 85 Zip Code 32779

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EDWARDS, BYRON	
STREET ADDRESS	2290 OCEAN SHORE BLVD #308	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BRADLEY, DUANE	
STREET ADDRESS	608 HERSCHEL DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WALSH, FRANK T.	
STREET ADDRESS	2290 OCEAN SHORE BLVD #207	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, C.J.	
STREET ADDRESS	2290 OCEAN SHORE BLVD	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	TD	<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 12		
1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BISHOP, L B	
1.3 STREET ADDRESS	4 OCEAN WEST BLVD	
1.4 CITY-ST-ZIP	DAYTONA BEACH SHORES FL	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MUELLER, CHARLES	
2.3 STREET ADDRESS	2290 OCEAN SHORE BLVD #508	
2.4 CITY-ST-ZIP	ORMOND BEACH FL	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WALSH, FRANK	
3.3 STREET ADDRESS	2290 OCEAN SHORE BLVD	
3.4 CITY-ST-ZIP	ORMOND BEACH FL	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WOODHAM, SUE	
5.3 STREET ADDRESS	2290 OCEAN SHORE BLVD #102	
5.4 CITY-ST-ZIP	ORMOND BEACH FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

CR2E037 (9/96)