

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 26 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 770563 (5)**

1. Corporation Name  
**SEASCAPE CONDOMINIUM MANAGEMENT ASSOCIATION, INC.**



|   |                     |   |         |
|---|---------------------|---|---------|
| Principal Place of Business                                   |                     | Mailing Address   |         |
| 2180 WEST SR 434<br>STE. 5000<br>LONGWOOD FL 32779-5044<br>US |                     | 2180 WEST SR 434<br>STE. 5000<br>LONGWOOD FL 32779-5044<br>US |         |
| 2. Principal Place of Business                                | 2a. Mailing Address |   |         |
| 21  | 26                  |   |         |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc. |   |         |
| 22  | 27                  |   |         |
| City & State  | City & State        |   |         |
| 23  | 28                  |   |         |
| Zip   | Country             | Zip   | Country |
| 24  | 25                  | 29  | 30      |

3. Date Incorporated or Qualified  
**10/04/1983**

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**HART, JAMES W JR.  
SENTRY MANAGEMENT INC.  
2180 WEST SR 434, STE. 5000  
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

|   |                       |
|---|-----------------------|
| 81 Name   |                       |
| 82 Street Address (P.O. Box Number is Not Acceptable) |                       |
| 83  |                       |
| 84 City   | <b>FL</b> 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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | PD                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | EDWARDS, BYRON               |  |
| STREET ADDRESS | 2290 OCEAN SHORE BLVD #308   |  |
| CITY-ST-ZIP    | ORMOND BEACH FL              |  |
| TITLE          | VD                           | <input type="checkbox"/> DELETE            |
| NAME           | BISHOP, L.B.                 |  |
| STREET ADDRESS | 4 OCEAN WEST BLVD.           |  |
| CITY-ST-ZIP    | DAYTONA BEACH SHORES FL      |  |
| TITLE          | TD                           | <input type="checkbox"/> DELETE            |
| NAME           | WALSH, FRANK T.              |  |
| STREET ADDRESS | 2290 OCEAN SHORE BLVD #207   |  |
| CITY-ST-ZIP    | ORMOND BEACH FL              |  |
| TITLE          | SD                           | <input type="checkbox"/> DELETE            |
| NAME           | MUELLER, CHARLES             |  |
| STREET ADDRESS | 2290 OCEAN SHORE BLVD., #508 |  |
| 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 12

|                    |                            |  |
|--------------------|----------------------------|--|
| 1.1 TITLE          | DV                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | BOWMAN, WYLIE              |  |
| 1.3 STREET ADDRESS | 2290 OCEAN SHORE BLVD #201 |  |
| 1.4 CITY-ST-ZIP    | ORMOND BEACH FL 32176      |  |
| 2.1 TITLE          | D                          | <input checked="" 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          | PD                         | <input checked="" 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 type="checkbox"/> Addition            |
| 6.2 NAME           |                            |  |
| 6.3 STREET ADDRESS |                            |  |
| 6.4 CITY-ST-ZIP    |                            |  |

14. I 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 *Sue Woodham* **Sue Woodham, Pres 3/2/98**

CR2E037 (10/97)