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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770563

1. Corporation Name

SEASCAPE CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% 2290 OCEAN SHORE BLVD., SUITE 201
ORMOND BEACH FL 32176
US

% 2290 OCEAN SHORE BLVD., SUITE 201
ORMOND BEACH FL 32176
US



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/04/1983
22	City & State	City & State	4. FEI Number
	Zip	Country	59-2329191
23	Country	Country	Applied For
	Zip	Country	Not Applicable
24	Country	Country	5. Certificate of Status Desired <input type="checkbox"/>
	Zip	Country	\$8.75 Additional Fee Required
25	Country	Country	6. Election Campaign Financing <input type="checkbox"/>
	Zip	Country	Trust Fund Contribution <input type="checkbox"/>
26	Country	Country	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPAULDING, ROGER A
55 LONGWOOD DRIVE
ORMOND BEACH FL 32176

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV BOWMAN, WYLIE	1.1 TITLE	PO
NAME	BOWMAN, WYLIE	1.2 NAME	
STREET ADDRESS	2290 OCEAN SHORE BLVD #201	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	DV
NAME	BISHOP, L.B.	2.2 NAME	Don Haus
STREET ADDRESS	4 OCEAN WEST BLVD.	2.3 STREET ADDRESS	2290 Oceanshore Blvd. #203
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	2.4 CITY-ST-ZIP	Ormond Bch., Fl. 32176
TITLE	TD	3.1 TITLE	D
NAME	WALSH, FRANK T.	3.2 NAME	
STREET ADDRESS	2290 OCEAN SHORE BLVD #207	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	MUELLER, CHARLES	4.2 NAME	
STREET ADDRESS	2290 OCEAN SHORE BLVD., #508	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	TD
NAME	WOODHAM, SUE	5.2 NAME	
STREET ADDRESS	2290 OCEANSHORE BLVD. #102	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Charles Mueller Charles Mueller 2/9/99 904 441-6726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)