

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90061 040 ****61.25

DOCUMENT # 770563

1. Entity 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2329191

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPAULDING, ROGER A
55 LONGWOOD DRIVE
ORMOND BEACH FL 32176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD BOWMAN, WYLIE**
 STREET ADDRESS **2290 OCEAN SHORE BLVD #201**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV HAUS, DON**
 STREET ADDRESS **2290 OCEANSHORE BLVD. #203**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD WALSH, FRANK T.**
 STREET ADDRESS **2290 OCEAN SHORE BLVD #207**
 CITY-ST-ZIP **ORMOND BEACH FL**

TITLE Change Addition
 NAME **John O'Neill**
 STREET ADDRESS **2290 Ocean Shore Blvd # 205**
 CITY-ST-ZIP **Ormond Beach, FL 32176**

TITLE Delete
 NAME **TD MUELLER, CHARLES**
 STREET ADDRESS **2290 OCEAN SHORE BLVD., #508**
 CITY-ST-ZIP **ORMOND BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD WOODHAM, SUE**
 STREET ADDRESS **2290 OCEANSHORE BLVD. #102**
 CITY-ST-ZIP **ORMOND BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles Mueller* **Charles Mueller** **TO** **2-1-2000** **904 441-61**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #