

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90039 007 ****61.25

DOCUMENT # 770563

1. Entity Name

SEASCAPE CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2329191

Applied For

Not Applicable

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 NAME	PD BOWMAN, WYLIE	<input type="checkbox"/> Delete
STREET ADDRESS	2290 OCEAN SHORE BLVD #201	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE NAME	DV HAUS, DON	<input type="checkbox"/> Delete
STREET ADDRESS	2290 OCEANSHORE BLVD. #203	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE NAME	TD ONEILL, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	2290 OCEANSHORE BLVD 205	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE NAME	TD MUELLER, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS	2290 OCEAN SHORE BLVD., #508	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE NAME	PD WOODHAM, SUE	<input type="checkbox"/> Delete
STREET ADDRESS	2290 OCEANSHORE BLVD. #102	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: WYLIE BOWMAN *President* Wylie Bowman 2-5-01 904 441-6726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)