

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 770563 1. Entity Name SEASCAPE CONDOMINIUM MANAGEMENT ASSOCIATION, INC.	
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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
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03252005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2329191	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  A1A TAX & BOOKKEEPING, INC. 55 LONGWOOD DRIVE ORMOND BEACH, FL 32176
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**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWMAN, WYLIE 2290 OCEAN SHORE BLVD #201 ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORRISON, WILLIAM 348 SUSHINE CIRCLE MANALAPAN, NJ 07726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOFFMAN, ADELAIDE 2290 OCEAN SHORE BLVD #203 ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MUELLER, CHARLES 2290 OCEAN SHORE BLVD., #508 ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WOODHAM, SUE 2290 OCEANSHORE BLVD. #102 ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000358717  
05/04/05-80126-015 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>W Bowman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>4/26/05</u>	Day/Time Phone # _____
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