

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770563

FILED
Jul 10, 2008
Secretary of State

Entity Name: SEASCAPE CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

P.O. BOX 1888
ORMOND BEACH, FL 32175 US

New Mailing Address:

FEI Number: 59-2329191 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

A1A TAX & BOOKKEEPING, INC.
1236 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOWMAN, WYLIE
Address: 2290 OCEAN SHORE BLVD #201
City-St-Zip: ORMOND BEACH, FL 32176

Title: VP () Delete
Name: MAHANNAH, ROGER
Address: 2200 OCEAN SHORE BLVD. #401
City-St-Zip: ORMOND BEACH, FL 32176

Title: T () Delete
Name: STEINDLER, HAROLD
Address: 2200 OCEAN SHORE BLVD., #404
City-St-Zip: ORMOND BEACH, FL 32176

Title: DS () Delete
Name: MUELLER, CHARLES
Address: 2290 OCEAN SHORE BLVD., #508
City-St-Zip: ORMOND BEACH, FL

Title: DVP (X) Delete
Name: WOODHAM, SUE
Address: 2290 OCEANSHORE BLVD. #102
City-St-Zip: ORMOND BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MR BOWMAN

_____ Electronic Signature of Signing Officer or Director

P

07/10/2008

_____ Date