

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90181 008 ****61.25

DOCUMENT # 770563



1. Entity Name
SEASCAPE CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

Principal Place of Business Mailing Address
% 2290 OCEAN SHORE BLVD.. SUITE 201 **% 2290 OCEAN SHORE BLVD.. SUITE 201**
ORMOND BEACH FL 32176 **ORMOND BEACH FL 32176**
US **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**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A1A TAX & BOOKKEEPING, INC.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D WILLIAM MORRISON	
STREET ADDRESS	348 SUNSHINE CIRCLE	
CITY-ST-ZIP	MANALAPAN, NJ 07726	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Susan A. Wood* *Susan A. Wood* bookkeeper 4-10-03 386-441-6726

CR2E037 (10/02)