2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008
Secretary of State

DOCUMENT# N02000004409

Entity Name: SEASCAPE TOWNHOMES OF INDIAN SHORES H.O.A., INC.

Current Principal Place of Business:

19206 GULF BLVD
INDIAN SHORES, FL 33785

New Principal Place of Business:

Current Mailing Address:

19534 GULF BLVD.
#202
INDIAN SHORES BEACH, FL 337853202

New Mailing Address:

FEI Number: 05-0521800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAREY, MIKE
CAREY O'MALLEY WHITAKER & MANSON PA
712 S OREGON AVENUE
TAMPA, FL 336062543 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: VD ( ) Delete
Name: SEARFOSS, BARBARA E
Address: 4921 DETER ROAD
City-St-Zip: LAKELAND, FL 33813

Title: VD ( ) Delete
Name: LONGFELLOW, KAREN
Address: 19206 GULF BLVD. #101
City-St-Zip: INDIAN SHORES, FL 33785

Title: S ( ) Delete
Name: AREVALO, MICHELE
Address: 9818 BAY ISLAND DRIVE
City-St-Zip: TAMPA, FL 33615

Title: PTD ( ) Delete
Name: AREVALO, ALBERT
Address: 9818 BAY ISLAND DRIVE
City-St-Zip: TAMPA, FL 33615

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: ALBERT AREVALO PTD 03/28/2008

Electronic Signature of Signing Officer or Director — Date