

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004409

FILED  
Apr 07, 2009  
Secretary of State

**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

04/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date