2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007726

FILED Feb 28, 2004 Secretary of State

Entity Name: SEASCAPE CONDOMINIUM ASSOCIATION OF HOLLYWOOD, INC.

Current Principal Place of Business: New Principal Place of Business:

431 SOUTH SURF ROAD HOLLYWOOD, FL 33019 441 S. SURF ROAD HOLLYWOOD, FL 33019

Current Mailing Address: New Mailing Address:

431 SOUTH SURF ROAD HOLLYWOOD, FL 33019 441 S. SURF ROAD HOLLYWOOD, FL 33019

FEI Number: 59-1823019 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LANDY, NANCI S ESQ. 801 N.E. 167TH STREET, 2ND FLOOR NORTH MIAMI BEACH, FL 33162 US

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:

Clastera is Circustrus of Devictors of August

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 RANDALL, KENNETH R
 Name:
 CRANDALL, KENNETH R

 Address:
 431 S SURF RD
 Address:
 431 S SURF RD

 City-St-Zip:
 HOLLYWOOD, FL 33019
 City-St-Zip:
 HOLLYWOOD, FL 33019

Title: VPD () Delete Title: () Change () Addition

 Name:
 SHATZ, KAREN
 Name:

 Address:
 441 S SURF RD
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33019
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition Name: NAOLIN, HARNY Name: NEDLIN, MARNY

 Address:
 421 S SURF RD
 Address:
 421 S SURF RD

 City-St-Zip:
 HOLLYWOOD, FL 33019
 City-St-Zip:
 HOLLYWOOD, FL 33019

Name: RAVENA, VINCEN Name: RAVENA, VINCENT
Address: 401 S SURF RD Address: 401 S SURF RD
Other Strain HOLL MAROOR, FL 32010

City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: HOLLYWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KAREN SHATZ VP 02/28/2004