

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N05978** (4)

1. Corporation Name

SEASCAPE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

5148 SE SEASCAPE WAY
STUART FL 34997
US

Mailing Address

5148 SE SEASCAPE WAY
STUART FL 34997
US

3. Date Incorporated or Qualified **11/02/1984** 3a. Date of Last Report **04/10/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number **59-2785400**

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22

27

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State

City & State

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

METZGER, KATHY
50 KINDRED STR
STE 107
STUART FL 34994

81 Name

ROBERT BURSON

82 Street Address (P.O. Box Number is Not Acceptable)

310 WEST 1st STREET

83

84 City

STUART,

FL

85 Zip Code **34994**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Robert A. Burson
Signature, typed or printed name of registered agent and title if applicable

ROBERT A. BURSON

(NOTE: Registered Agent signature required when re-registering)

Feb. 21, 1996
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BENNION, WILLIAM	
STREET ADDRESS	5160 SE SEASCAPE WAY, 2-201	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOMONACO, MARIE	
STREET ADDRESS	5160 SE SEASCAPE WAY #3	
CITY-ST-ZIP	STUART FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HOLZWORTH, GEORGE	
STREET ADDRESS	12802 SE ROYAL TERN CT.	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FALLON, ROSE	
STREET ADDRESS	5160 SE SEASCAPE WAY #101	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hoyt, Hal	
4.3 STREET ADDRESS	574 SE Harbor Terrace	
4.4 CITY-ST-ZIP	Stuart, FL. 34997	
5.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bogan, Lynn	
5.3 STREET ADDRESS	5280 SE Seascape Way #101	
5.4 CITY-ST-ZIP	Stuart, FL. 34997	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marie Lomonaco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marie Lomonaco

3/26/96 (407) 288-6529
DATE

CR2E037 (12/95)