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Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
5148 SE SEASCAPE WAY 5148 SE SEASCAPE WAY  
STUART FL 34997 STUART FL 34997-2525  
US US

3. Date Incorporated or Qualified 11/02/1984  
3a. Date of Last Report 03/29/1996  
4. FEI Number 59-2785400  
Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
BURSON, ROBERT  
310 WEST 1ST AVENUE  
STUART FL 34994

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENNION, WILLIAM	
STREET ADDRESS	5160 SE SEASCAPE WAY, 2-201	
CITY-ST-ZIP	STUART FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LOMONACO, MARIE	
STREET ADDRESS	5160 SE SEASCAPE WAY #3	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOLZWORTH, GEORGE	
STREET ADDRESS	12802 SE ROYAL TERN CT.	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HOYT, HAL	
STREET ADDRESS	5574 SE HARBOR TERRACE	
CITY-ST-ZIP	STUART FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BOGAN, LYNN	
STREET ADDRESS	5280 SE SEASCAPE WAY #101	
CITY-ST-ZIP	STUART FL	
TITLE	SE HENRY ROBIDOUX	<input type="checkbox"/> DELETE
NAME	5290 SE SEASCAPE WAY 101	
STREET ADDRESS	STUART FL 34997	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	RESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBIDOUX, HENRY	
1.3 STREET ADDRESS	5290 SE SEASCAPE WAY 18-101	
1.4 CITY-ST-ZIP	STUART FL 34997	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LEDDY, ANNE	
2.3 STREET ADDRESS	5230 SE SEASCAPE WAY 8-104	
2.4 CITY-ST-ZIP	STUART FL 34997	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBIDOUX, MARION	
3.3 STREET ADDRESS	5290 SE SEASCAPE WAY 13-101	
3.4 CITY-ST-ZIP	STUART FL 34997	
4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HOYT, HAL	
4.3 STREET ADDRESS	5574 SE HARBOR TERRACE	
4.4 CITY-ST-ZIP	STUART, FL. 34997	
5.1 TITLE	V. PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KALISH, HOPE	
5.3 STREET ADDRESS	5270 SE SEASCAPE WAY 11-104	
5.4 CITY-ST-ZIP	STUART FL 34997	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GOLDSTEIN, JERRY	
6.3 STREET ADDRESS	5280 SE SEASCAPE WAY 12-104	
6.4 CITY-ST-ZIP	STUART FL 34997	

14. I do 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 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: *[Signature]* HENRY G. ROBIDOUX 2-19-97 BK Depd 61.25

CR2E037 (9/96)