

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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
STUART FL 34997
US** **5148 SE SEASCAPE WAY
STUART FL 34997
US**

3. Date Incorporated or Qualified
11/02/1984

4. FEI Number
59-2785400

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 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 **JANE CORNETT ESA**

82 Street Address (P.O. Box Number is Not Acceptable)
401 E. OCEOLA ST

83

84 **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: *[Signature]* DATE: **2-26-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P ROBIDOUX, HENRY	1.2 NAME	
STREET ADDRESS	5290 SW DEASCAPE WAY 13-101	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S LEODY, ANNE	2.2 NAME	D BENNION, WILLIAM
STREET ADDRESS	5230 SE SEASCAPE WAY 8-104	2.3 STREET ADDRESS	7 NE RIVER CREST CT
CITY-ST-ZIP	STUART FL 34997	2.4 CITY-ST-ZIP	STUART FL.
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T ROBIDOUX, MARION	3.2 NAME	
STREET ADDRESS	5290 SW SWASCAPE WAY 13-101	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HOYT, HAL	4.2 NAME	S D HAL HOYT
STREET ADDRESS	5574 SE HARBOR TERRACE	4.3 STREET ADDRESS	5574 SE HARBOR TERR
CITY-ST-ZIP	STUART FL 34997	4.4 CITY-ST-ZIP	STUART, FL. 34997
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP KALISH, HOPE	5.2 NAME	
STREET ADDRESS	5270 SE SEASCAPE WAY 11-104	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GOLDSTEIN, JERRY	6.2 NAME	
STREET ADDRESS	5280 SE SEASCAPE WAY 12-104	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	6.4 CITY-ST-ZIP	

14. I 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: *Marion F Robidoux* 283 8470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Certificate Filing #

CR2E037 (10/97)