

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N05978

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



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	11/02/1984	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-2785400	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORNETT, JANE E 401 E OSCEOLA ST STUART FL 34994				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBIDOUX, HENRY	1.2 NAME	T LOMONACO, MARIE
STREET ADDRESS	5290 SW DEASCAPE WAY 13-101	1.3 STREET ADDRESS	5160 SE SEASCAPE WAY, Unit 3
CITY-ST-ZIP	STUART FL 34997	1.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D DENNION, WILLIAM	2.2 NAME	BENNION, WILLIAM
STREET ADDRESS	7 NE RIVER CREST CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T ROBIDOUX, MARION	3.2 NAME	D TAWIL, PATRICIA
STREET ADDRESS	5290 SW SWASCAPE WAY 13-101	3.3 STREET ADDRESS	520 SE SEASCAPE WAY, UNIT 103
CITY-ST-ZIP	STUART FL 34997	3.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD HOYT, HAL	4.2 NAME	
STREET ADDRESS	5574 SE HARBOR TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP KALISH, HOPE	5.2 NAME	PD
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 checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D GOLDSTEIN, JERRY	6.2 NAME	VPD Dunker, Mendi
STREET ADDRESS	5280 SE SEASCAPE WAY 12-104	6.3 STREET ADDRESS	5160 SE SEASCAPE WAY Unit 1
CITY-ST-ZIP	STUART FL 34997	6.4 CITY-ST-ZIP	STUART, FL 34997

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, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/15/99 DAYTIME PHONE: 287-3298

CR2F037 (4/1/98)