

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05978

1. Entity Name

SEASCAPE CONDOMINIUM ASSOCIATION, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90873 037 ****61.25

Principal Place of Business 5148 SE SEASCAPE WAY STUART FL 34997 US	Mailing Address 5148 SE SEASCAPE WAY STUART FL 34997-2525 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address PO Box 65	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jensen Beach, FL	
Zip	Country	Zip 34958	Country

4. FEI Number 59-2785400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~CORNETT, JANE E
401 E OSCEOLA ST
STUART FL 34994~~

7. Name and Address of New Registered Agent

Name: LORRAINE H. FORTE
 Street Address (P.O. Box Number is Not Acceptable): 1224 NE BUSINESS PARK PL
 City: Jensen Beach FL Zip Code: 34958

8. 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: *Lorraine H. Forte* DATE: 4/28/00

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	LOMONACO, MARIE	<input checked="" type="checkbox"/> Delete
NAME	5160 SE SEASCAPE WAY UNIT	
STREET ADDRESS	STUART FL 34997	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENNION, WILLIAM	
STREET ADDRESS	7 NE RIVER CREST CT	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D VP	<input type="checkbox"/> Delete
NAME	TAWIL, PATRICIA	
STREET ADDRESS	520 SE SEASCAPE WAY UNIT 103	
CITY-ST-ZIP	STUART FL 34997	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOYT, HAL	
STREET ADDRESS	5574 SE HARBOR TERRACE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	DD	<input type="checkbox"/> Delete
NAME	KALISH, HOPE	
STREET ADDRESS	5270 SE SEASCAPE WAY 11-104	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VAD	<input type="checkbox"/> Delete
NAME	DUNKER, MENDI	
STREET ADDRESS	516 SE SEASCAPE WAY UNIT	
CITY-ST-ZIP	STUART FL 34997	

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	James Beagle Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5092 SE Seascape Way	
STREET ADDRESS	Unit 11	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	VAD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5160	
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mendi Dunker* DATE: 04-20-00 561-219-4674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)