
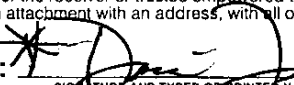


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90017 007 \*\*\*\*61.25

<b>DOCUMENT # N05978</b> 1. Entity Name <b>SEASCAPE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>5148 SE SEASCAPE WAY STUART, FL 34997 US</b>			Mailing Address <del>1930 COMMERCE LANE SUITE 1 JUPITER, FL 33458 US</del>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		04012008 Chg-NP CR2E037 (12/06)	
City & State  Zip Country		City & State  Zip Country		4. FEI Number <b>59-2785400</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>BRISTOL MANAGEMENT 1930 COMMERCE LANE SUITE 1 STUART, FL 34958</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURRAUNO, KAREN 5280 SE SEASCAPE WAY #103 STUART, FL 34997	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Don Monahan 5280 SE Seascape Way 12-102 Stuart, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POPSON, PAUL 5160 SE SEASCAPE WAY 2-101 STUART, FL 34997	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Darci Quinn 5290 SE Seascape Way 13-103 Stuart, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANZO, BILL 5200 SE SEASCAPE WAY STUART, FL 34997	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dave Astras 5280 SE Seascape 12-201 Stuart, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HILLY, HELEN 5230 SE SEASCAPE WAY STUART, FL 34997	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jeffrey Smith 5260 SE Seascape way 10-103 Stuart, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EMERSON, ARCHA 5260 SE SEASCAPE WAY STUART, FL 34997	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			4/9/08 772-323-2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					