

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05978

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: SEASCAPE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5148 SE SEASCAPE WAY  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

1930 COMMERCE LANE  
SUITE 1  
JUPITER, FL 33458 US

**New Mailing Address:**

FEI Number: 59-2785400      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRISTOL MANAGEMENT  
543 NORTH LAKE WHITNEY PLACE  
SUITE 101  
PORT SAINT LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: MONAHARI, DON  
Address: 5280 SE SEASCAPE VALLEY WAY 12-102  
City-St-Zip: STUART, FL 34997

Title: PD ( ) Delete  
Name: POPSON, PAUL  
Address: 5160 SE SEASCAPE WAY 2-101  
City-St-Zip: STUART, FL 34997 US

Title: D ( ) Delete  
Name: QUINN, DARCI  
Address: 5290 SE SEASCAPE WAY 13-103  
City-St-Zip: STUART, FL 34997 US

Title: VPD ( ) Delete  
Name: ASTRAS, DAVE  
Address: 5280 SE SEASCAPE 12-201  
City-St-Zip: STUART, FL 34997 US

Title: SD ( ) Delete  
Name: SMITH, JEFFREY  
Address: 5260 SW SEASCAPE WAY 10-103  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MONAHARI, DON  
Address: 5280 SE SEASCAPE VALLEY WAY 12-102  
City-St-Zip: STUART, FL 34997

Title: D (X) Change ( ) Addition  
Name: POPSON, PAUL  
Address: 5160 SE SEASCAPE WAY 2-101  
City-St-Zip: STUART, FL 34997 US

Title: PD (X) Change ( ) Addition  
Name: QUINN, DARCI  
Address: 5290 SE SEASCAPE WAY 13-103  
City-St-Zip: STUART, FL 34997 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARCI QUINN

PRES

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date