

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90220 023 ****61.25

DOCUMENT # **N05978**

1. Entity Name
SEASCAPE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

**969 SE FEDERAL HIGHWAY
SUITE 401
STUART FL 34994
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2785400**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRISON, DIANE
969 SE FEDERAL HWY
SUITE 401
STUART FL 34994**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
NAME **BEAGLE, JAMES**
STREET ADDRESS **5290 SE SEASCAPE WAY**
CITY-ST-ZIP **STUART FL 34997**

TITLE **SD** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** Delete
NAME **LOMONACO, MARIE**
STREET ADDRESS **5160 SE SEASCAPE WAY**
CITY-ST-ZIP **STUART, FL 34997**

TITLE **PD** Change Addition
NAME **WYNE ESPPOSITO**
STREET ADDRESS
CITY-ST-ZIP **STUART FL 34997**

TITLE **VD** Delete
NAME **PARSONS, GEORGE**
STREET ADDRESS **5200 SE SEASCAPE WAY**
CITY-ST-ZIP **STUART FL 34997**

TITLE **VD** Change Addition
NAME **SONNY GAUDET**
STREET ADDRESS
CITY-ST-ZIP **STUART, FL 34997**

TITLE **TD** Delete
NAME **SHENUS, JAMES**
STREET ADDRESS **5240 SE SEASCAPE WAY**
CITY-ST-ZIP **STUART FL 34997**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **RADTKE, MAUREEN**
STREET ADDRESS **5280 SE SEASCAPE WAY**
CITY-ST-ZIP **STUART FL 34997**

TITLE **D** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **HILLY, HELEN**
STREET ADDRESS **5230 SE SEASCAPE WAY**
CITY-ST-ZIP **STUART FL 34997**

TITLE **TD** Change Addition
NAME
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: *Wacnato Esposito*

CR2E037 (10/02)