


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90261 036 ****70.00

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DOCUMENT # N08098					
1. Entity Name SEASCAPE CONDOMINIUM ASSOCIATION OF TARPON SPRINGS, INC.					
Principal Place of Business FIRST CHOICE ASSOCIATION MANAGEMENT INC 4174 WOODLANDS PKWY PALM HARBOR, FL 34685		Mailing Address FIRST CHOICE ASSOCIATION MANAGEMENT INC 4174 WOODLANDS PKWY PALM HARBOR, FL 34685			
2. Principal Place of Business 40347 US 19 NORTH Suite/Apt. #, etc. 129 City & State TARPON SPRINGS FL Zip 34689 Country USA		3. Mailing Address 40 COMMUNITY ACCTS & MGMT Suite, Apt. #, etc. 40347 US 19 N, STE 129 City & State TARPON SPRINGS, FL Zip 34689 Country USA		03032004 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0246923		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HEIMAN, JAMES F 4520 SW 62ND COURT MIAMI, FL 33155			7. Name and Address of New Registered Agent Name: CAROL S HUBER Street Address (P.O. Box Number is Not Acceptable): 40347 US 19 N, STE 129 City: TARPON SPRINGS FL Zip Code: 34689		
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: Carol S Huber, LCAM DATE: 3/31/04 <small>Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEIMAN, JAMES F.		NAME		
STREET ADDRESS	4520 SW 62ND COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BOLLWECK, MANFRED		NAME	RENLICH, KENNETH	
STREET ADDRESS	114 COLONY SOUTH DRIVE		STREET ADDRESS	1698 SEASCAPE CIRCLE	
CITY-ST-ZIP	TARPON SPRINGS, GA 34689		CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MEADE, PAUL		NAME	GILBERT, NORMAN	
STREET ADDRESS	1726 SE ASCAPE CR		STREET ADDRESS	1662 SEASCAPE CIRCLE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLANEY, EVELYN		NAME		
STREET ADDRESS	1653 SEASCAPE CIR.		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BILPO, FRANK		NAME	SD BILPO, FRANK	
STREET ADDRESS	1681 SEASCAPE CIR.		STREET ADDRESS	1681 SEASCAPE CIR	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	B	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROCKWELL, CATHERINE		NAME		
STREET ADDRESS	1666 SEASCAPE CIR.		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		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: Evelyn Blaney 4/3/04 (1727) 938-6324 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dytine Phone #</small>					