


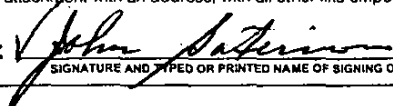
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90182 025 ****61.25

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DOCUMENT # N08098					
1. Entity Name SEASCAPE CONDOMINIUM ASSOCIATION OF TARPON SPRINGS, INC.					
Principal Place of Business 701 ENTERPRISE ROAD EAST SUITE 704 SAFETY HARBOR, FL 34695		Mailing Address 701 ENTERPRISE ROAD EAST SUITE 704 SAFETY HARBOR, FL 34695			
2. Principal Place of Business - No P.O. Box#		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0246923	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHANPRONE, JOSEPH R PA 4604 BAYSHORE DRIVE DUNEDIN, FL 34608			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: _____ (NOTE: Registered Agent signature required when renating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTERIOU, JOHN		NAME		
STREET ADDRESS	1673 SEASCAPE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
TITLE	LONGO	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONGO, GREG		NAME		
STREET ADDRESS	1670 SEASCAPE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
TITLE	MCNULTY	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNULTY, MAUREEN		NAME		
STREET ADDRESS	1674 SEASCAPE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	GARY BEATTY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIEGER, KATHLEEN M		NAME		
STREET ADDRESS	1649 SEASCAPE CIRCLE		STREET ADDRESS	P.O. Box 487	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP	SHARPE, FL 32959	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, ELINOR		NAME	ROGER ACETO	
STREET ADDRESS	1613 SEASCAPE CIRCLE		STREET ADDRESS	27 LATTA RD #19	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP	ROCHESTER, FL 14612-4874	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: 4/17/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		