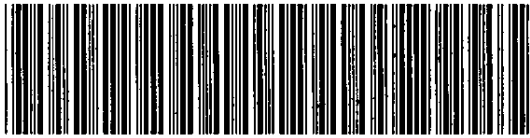


N08098



200133694162

08/01/08--01022--016 **35.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FILED
08 AUG 25 PM 2:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Palchance

08/26/08

DC

AUG 13 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2008

LARRY CROW, P.A.
LAW OFFICES OF LARRY CROW, P.A.
1247 SOUTH PINELLAS AVE.
TARPON SPRINGS, FL 34689

SUBJECT: SEASCAPE CONDOMINIUM ASSOCIATION OF TARPON
SPRINGS, INC.
Ref. Number: N08098

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 908A00045274

RECEIVED
2008 AUG 25 AM 10:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Seascape Condominium Association of Tarpon Springs, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N08098

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Larry Crow, P. A.

(Name of Contact Person)

Law Offices of Larry Crow, P. A.

(Firm/Company)

1247 South Pinellas Avenue

(Address)

Tarpon Springs, FL 34689

(City/State and Zip Code)

For further information concerning this matter, please call:

Same as above at (727) 945-1112
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Seascape Condominium Association of Tarpon Springs, Inc.
- 2. The principal office address: 701 Enterprise Road East, Ste 704 Safety Harbor, FL 34695
- 3. The mailing address (if different): Same
- 4. Date of incorporation/qualification: 3/21/85 Document number: N08098

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Joseph Cianfrone, P. A.

1694 Bayshore Drive

Dunedin, FL 34698

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Larry Crow, P. A.

1247 South Pinellas Avenue

(P.O. Box NOT acceptable)

Tarpon Springs, FL 34689

FLORIDA DEPARTMENT OF STATE
MAIL ROOM

08 AUG 25 PM 2:42

FILED

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Roger Aceto, Secretary
(Signature of an officer or director)

Roger Aceto
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

7/19/08
(Date)

If signing on behalf of an entity:

ROGER ACETO
(Typed or Printed Name)

LARRY CROW

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314