


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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90105 039 ****61.25

DOCUMENT # N08098

1. Entity Name
SEASCAPE CONDOMINIUM ASSOCIATION OF TARPON SPRINGS, INC.



Principal Place of Business
First Choice Association Management, Inc.
4174 Woodlands Parkway
Palm Harbor, FL 34685

First Choice Association Management, Inc.
4174 Woodlands Parkway
Palm Harbor, FL 34685



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **65-0246923**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
First Choice Association Management, Inc.
4174 Woodlands Parkway
Palm Harbor, FL 34685

7. Name and Address of New Registered Agent
Name **EFFECTIVE THRU 4/30/03 !!**
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HEIMAN, JAMES F.	
STREET ADDRESS	4520 SW 62ND COURT	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BOLLWECK, MANFRED	
STREET ADDRESS	114 COLONY SOUTH DRIVE	
CITY-ST-ZIP	TARPON SPRINGS GA 34689	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MOORE, PATRICIA	
STREET ADDRESS	1714 SEASCAPE CIRCLE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL MEADE	
STREET ADDRESS	1726 SEASCAPE CR.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVELYN BLANEY	
STREET ADDRESS	1653 SEASCAPE CR.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK BILPO	
STREET ADDRESS	1681 SEASCAPE CR.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHERINE BRADWELL	
STREET ADDRESS	1666 SEASCAPE CIR	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	

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: _____
SIGNATURE REQUIRED

4-4-03

CR2E037 (10/02)