

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736180

Entity Name: THE SEASCAPE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550**Current Mailing Address:**215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US**FEI Number: 58-1315110****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BARTH, JAMES C
30 SOUTH SHORE DRIVE
MIRAMAR BEACH, FL 32550 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title DP
Name NETTLES, JAY
Address 215 GRAND BLVD SUITE 200
City-State-Zip: MIRAMAR BEACH FL 32550Title DVP
Name WARREN, CONNER
Address 215 GRAND BLVD SUITE 200
City-State-Zip: MIRAMAR BEACH FL 32550Title DT
Name PADGETT, RONALD
Address 215 GRAND BLVD SUITE 200
City-State-Zip: MIRAMAR BEACH FL 32550Title DS
Name GREENWOOD, JANET
Address 215 GRAND BLVD SUITE 200
City-State-Zip: MIRAMAR BEACH FL 32550Title D
Name SPARKS, RANDY
Address 215 GRAND BLVD SUITE 200
City-State-Zip: MIRAMAR BEACH FL 32550Title D
Name SEWELL, SCOTT
Address 215 GRAND BLVD SUITE 200
City-State-Zip: MIRAMAR BEACH FL 32550Title D
Name WHALEN, MICHAEL
Address 215 GRAND BLVD
SUITE 200
City-State-Zip: MIRAMAR BEACH FL 32550

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAY NETTLES**DP****01/21/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date