### Edgar Filing: SEACOAST BANKING CORP OF FLORIDA - Form 3

#### SEACOAST BANKING CORP OF FLORIDA

Form 3 May 18, 2006

## FORM 3

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

3235-0104

Number: Expires:

response...

January 31, 2005

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Estimated average burden hours per

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person * Â WALPOLE EDWIN E III			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol SEACOAST BANKING CORP OF FLORIDA [SBCF]			
(Last)	(First)	(Middle)	05/16/2006	4. Relationship of Reporting Person(s) to Issuer		ting	5. If Amendment, Date Original Filed(Month/Day/Year)
P. O. BOX 1177 (Street)  OKEECHOBEE, FL 34973-1177		(give ti		Check all applicable)  Director 10%  Owner  OfficerX Other  le below) (specify below)  tor -Principal Subsidiary		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Beneficially Owned				
1.Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stoc	ek		235,930		D	Â	
Common Stoc	ck		1,890		D (1)	Â	
Common Stoc	ck		3,952		D (2)	Â	
Common Stoc	ck		4,050		I	Held i	in corporation in which he is pal
Reminder: Report on a separate line for each class of securities beneficiall owned directly or indirectly.				lly	SEC 1473 (7-02	2)	
Persons who respond to the collection of information contained in this form are not							

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

required to respond unless the form displays a

currently valid OMB control number.

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1. Title of Derivative Security (Instr. 4)

**Expiration Date** (Month/Day/Year)

2. Date Exercisable and 3. Title and Amount of Securities Underlying **Derivative Security** (Instr. 4)

Conversion or Exercise Price of Derivative Security

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Date Expiration Exercisable Date

Â

Amount or Title Number of Shares

Direct (D) or Indirect (I) (Instr. 5)

Ownership

Derivative

Security:

Form of

## **Reporting Owners**

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

WALPOLE EDWIN E III

P.O. BOX 1177 OKEECHOBEE, FLÂ 34973-1177

**Director - Principal Subsidiary** 

**Signatures** 

Sharon Mehl as Power of Attorney for Edwin E. Walpole, III

05/18/2006

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

- If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Held in IRA
- (2) Held jointly with family member

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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