

SEACOAST BANKING CORP OF FLORIDA  
 Form 3  
 May 18, 2006

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL  
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**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  (Last) (First) (Middle)  P. O. BOX 1177 (Street)  OKEECHOBEE, Â FL Â 34973-1177  (City) (State) (Zip)			2. Date of Event Requiring Statement (Month/Day/Year) 05/16/2006	3. Issuer Name and Ticker or Trading Symbol SEACOAST BANKING CORP OF FLORIDA [SBCF]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable) ___ Director ___ 10% Owner ___ Officer ___ X Other (give title below) (specify below) Director -Principal Subsidiary	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) ___X___ Form filed by One Reporting Person ___ Form filed by More than One Reporting Person
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	235,930	D	Â
Common Stock	1,890	D <sup>(1)</sup>	Â
Common Stock	3,952	D <sup>(2)</sup>	Â
Common Stock	4,050	I	Held in corporation in which he is principal

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

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

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1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date <small>(Month/Day/Year)</small>	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date			
		Title	Amount or Number of Shares		

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
WALPOLE EDWIN E III P. O. BOX 1177 OKEECHOBEE, FL 34973-1177	^	^	^	Director -Principal Subsidiary

## Signatures

Sharon Mehl as Power of Attorney for Edwin E. Walpole, III	05/18/2006
<small>**Signature of Reporting Person</small>	<small>Date</small>

## 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.