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FILED

May 14 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 741813 (0)

1. Corporation Name

SEASCAPE CLUSTER, INCORPORATED

Principal Place of Business

ELLIOTT MERRILL MANAGEMENT  
1105 12TH ST  
VERO BCH FL 32960  
US

Mailing Address

ELLIOTT MERRILL MANAGEMENT  
1105 12TH ST  
VERO BCH FL 32960-3718  
US



3. Date Incorporated or Qualified  
02/24/1978

3a. Date of Last Report  
04/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number  
59-1874037

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ELLIOTT MERRILL MANAGEMENT  
1105 12TH STREET  
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

34949

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME FLANAGAN, JAMES  
STREET ADDRESS 2400 S OCEAN DRIVE, #4262  
CITY-ST-ZIP FT. PIERCE FL ☐ DELETE

TITLE VD  
NAME FIEDLER, WERNER C.  
STREET ADDRESS 2400 S OCEAN DRIVE, #4294  
CITY-ST-ZIP FT. PIERCE FL ☐ DELETE

TITLE PD  
NAME MEE, JOHN  
STREET ADDRESS 2400 S OCEAN DRIVE  
CITY-ST-ZIP FT PIERCE FL ☐ DELETE

TITLE SD  
NAME MEE, CHARLOTTE  
STREET ADDRESS 2400 S OCEAN DRIVE, #4364  
CITY-ST-ZIP FT. PIERCE FL ☐ DELETE

TITLE D  
NAME FERLISI, CARMEN  
STREET ADDRESS 2400 S OCEAN DRIVE, #4141  
CITY-ST-ZIP FT. PIERCE FL 34949 ☐ DELETE

TITLE D  
NAME DOUGHERTY, EDWARD  
STREET ADDRESS 2400 S OCEAN DRIVE, #4291  
CITY-ST-ZIP FT. PIERCE FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*[Signature]*

*[Signature]*

CR2E037 (9/96)

**PLEASE ADD:**

**TD  
ROBERT BECK  
2400 S. OCEAN DRIVE, #4352  
FT. PIERCE, FL 34949**