

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90040 028 ****61.25

DOCUMENT # 741813

1. Entity Name
SEASCAPE CLUSTER, INCORPORATED



40058447

Principal Place of Business
C/O ELLIOTT MERRILL MANAGEMENT
835 20TH PL
VERO BCH, FL 32960 US

Mailing Address
C/O ELLIOTT MERRILL MANAGEMENT
835 20TH PL
VERO BCH, FL 32960 US



02072007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1874037

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MERRILL, CRAIG
%ELLIOTT MERRILL COMM MGMT
835 20TH PL
VERO BEACH, FL 32960

7. Name and Address of New Registered Agent

Name
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CRAIG, JACK 2400 S OCEAN DR., #4362 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUIRE, JACK 2400S OCEAN DR., #4123 FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CROWLEY, FRANCIS (TED) 2400 S OCEAN DR # 4181 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HETHERMAN, MARGRET 2400 S OCEAN DRIVE, # 4272 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LARNED, PHYLLIS 2400 S OCEAN DR #4142 FT. PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAN, GERALD 2400S OCEAN DR#4161 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Craig, Jack 2400 S. Ocean Dr #4362 Ft. Pierce, FL 34949	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bires, Bernie 2400 S. Ocean Dr #4254 Ft. Pierce, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Crowley, Frances 2400 S. Ocean Dr #4181 Ft. Pierce, FL 34949	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hetherman, Peggy 2400 S. Ocean Dr #4272 Ft. Pierce, FL 34949	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lien, Patricia 2400 S. Ocean Dr #4172 Ft. Pierce, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McLean, Gerald 2400 S. Ocean Dr #4161 Ft. Pierce, FL 34949	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: JACK R. CRAIG **4/6/07** **772-359-1031**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #