

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90052 037 ****61.25

DOCUMENT # 741813					
1. Entity Name SEASCAPE CLUSTER, INCORPORATED					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1874037	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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: <u>Becker + Polakoff</u> Street Address (P.O. Box Number is Not Acceptable): <u>625 N. Hogler Drive</u> <u>7th Floor</u> City: <u>West Palm Beach</u> FL Zip Code: <u>33401</u>	
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: <u>Peter C. Mollaugen - Attorney</u> DATE: <u>3/17/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME CRAIG, JACK	<input checked="" type="checkbox"/> Delete	TITLE VP	NAME Ed Lopez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2400 S OCEAN DR., #4362	CITY-ST-ZIP FORT PIERCE, FL 34949		STREET ADDRESS 2400 S. Ocean Drive #4324	CITY-ST-ZIP Ft. Pierce, FL 34949	
TITLE D	NAME BIRES, BETNIC	<input checked="" type="checkbox"/> Delete	TITLE Secretary	NAME Charlene Crowley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2400 S OCEAN DR #4254	CITY-ST-ZIP FORT PIERCE, FL 34949		STREET ADDRESS 2400 S. Ocean Drive #4354	CITY-ST-ZIP Ft. Pierce, FL 34949	
TITLE T.	NAME CROWLEY, FRANCIS (TED)	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2400 S OCEAN DR # 4181	CITY-ST-ZIP FORT PIERCE, FL 34949		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VP	NAME HETHERMAN, MARGRET	<input type="checkbox"/> Delete	TITLE Director	NAME 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2400 S OCEAN DRIVE, # 4272	CITY-ST-ZIP FORT PIERCE, FL 34949		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE S	NAME LIEN, PATRICIAN	<input type="checkbox"/> Delete	TITLE President	NAME 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2400 S OCEAN DR #4272	CITY-ST-ZIP FT. PIERCE, FL 34949		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME MCLEAN, GERALD	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2400S OCEAN DR#4161	CITY-ST-ZIP FORT PIERCE, FL 34949		STREET ADDRESS 	CITY-ST-ZIP 	
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: <u>Patricia A. Lien</u> DATE: <u>3/17/08</u> DAYTIME PHONE #: <u>772-465-1276</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT 40061240

~~#~~ 741813

SEASCAPE I CONDOMINIUM ASSOCIATION
C/O ELLIOTT-MERRILL COMMUNITY MANAGEMENT
835 20TH PLACE
VERO BEACH, FL 32960
772-466-2630

OFFICERS AND DIRECTORS

Addition

Director
Al Robertson
2400 S. Ocean Drive, #4302
Ft. Pierce, FL 34949