

# FILE NOW: FILING FEE IS \$61.25

## NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # 761411 (8)**  
1. Corporation Name  
**SEASCAPE CLUB CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
9655 E. BAY HARBOR DR.  
BAY HARBOR ISLANDS FL 33154 9655 E. BAY HARBOR DR.  
BAY HARBOR ISLANDS FL 33154

3. Date Incorporated or Qualified **01/11/1982** 3a. Date of Last Report **04/25/1995**  
4. FEI Number **59-2170423** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 30 Country

### 9. Name and Address of Current Registered Agent

**ZAIAC, MANUEL**  
**9655 E. BAY HARBOR DR. APT. 3-SOUTH**  
**BAY HARBOR ISLANDS FL 33154**

### 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

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	T	<input type="checkbox"/> DELETE
NAME	LERMAN, ISIDORO	
STREET ADDRESS	9655 E BAY HARBOR DR 3N	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MATALON, JACK	
STREET ADDRESS	9655 E BAY HARBOR DR 2S	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRIGHT, ESTHER	
STREET ADDRESS	9655 E BAY HARBOR D,5N	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUSSELL, TERENCE	
STREET ADDRESS	9655 E BAY HARBOR DR 7S	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ZAIAC, MANUEL	
STREET ADDRESS	9655 E. BAY HARBOR 3S	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TRAMMELL, RUTH	
STREET ADDRESS	9655 E. BAY HARBOR, 5S	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	

### 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	2 VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RISOLIA, ANN	
1.3 STREET ADDRESS	9655 E. BAY HARBOR DR- 6S	
1.4 CITY-ST-ZIP	BAY HARBOR ISLANDS FL.	
2.1 TITLE	KARRON, RICHARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	9655 E BAY HARBOR DR. 4S	
2.3 STREET ADDRESS	BAY HARBOR ISLANDS FL.	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:**

*Manuel Zaiac*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96

Date

Daytime Phone #

CR2E037 (12/95)