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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

761411

(8)

SEASCAPE CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address 9655 E. BAY HARBOR OR. 9655 E. BAY HARBOR DR. BAY HARBOR ISLANDS FL 33154-2126 **BAY HARBOR ISLANDS FL 33154** 3. Date Incorporated or Qualified 01/11/1982 3a. Date of Last Report 01/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2170423 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country This corporation has liability for intangible tax under s. 199,032, Florida Statutes Country Zip ☐ Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ZAIAC, MANUEL Street Address (P.O. Box Number is Not Acceptable) 82 9655 E. BAY HARBOR DR. APT. 3-SOUTH 83 BAY HARBOR ISLANDS FL 33154 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE □ DELETE 1.1 TITLE Change Addition LERMAN, ISIDORO LERMAN, ISIDORO 1.2 NAME NAME 9655 B. BAY HARBOR DR. 3N 9655 E BAY HARBOR DR 3N 1.3 STREET ADDRESS STREET ADDRESS BAY HABOR ISLANDS FL. 33154 BAY HARBOR ISLANDS FL CITY - ST - ZIP 1.4 CITY-ST-ZIP **X** DELETE TITLE 2.1 TITLE MAMBER, SANDRA MATALON, JACK NAME 2.2 NAME 9455 E. BAY HABOR DR. 4N 9655 E BAY HARBOR DR 2S STREET ADDRESS 2.3 STREET ADDRESS BAY HARBOR ISLANDS FL. 33154 BAY HARBOR ISLANDS FL CITY-ST-ZIP 2. 4 GITY - ST - ZIP DELETE 3.1 TITLE TITLE BRIGHT, ESTHER NAME 3.2 NAME 9655 E.BAY HARBOR D.5N STREET ADDRESS 3.3 STREET ADDRESS BAY HARBOR ISLAND FL CITY-ST-ZIP 3.4. CITY-ST-ZIP X Addition DELETE Change TITLE 4.1 TITLE RUSSELL, MARTORIE Russell, Terence 4.2 NAME NAME 9655 E BAY HABOR DR. 75 9655 E BAY HARBOR DR 7S 4.3 STREET ADDRESS STREET ADDRESS BAY HABER ISLANDS FL. 33154 BAY HARBOR ISLANDS FL CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Y Change Addition 5.1 TITLE TITLE ZAIAC, MANUAL 9655 E. Bay Harbor DR. 38 NAME ZAIAC, MANUEL 5.2 NAME 9655 E. BAY HARBOR 3S STREET ADDRESS 5.3 STREET ADDRESS BAY HABER BAY HARBOR ISLAND FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE TITLE

STREET ADDRESS | 9655 E. BAY HARBOR DR. #45

CITY-ST-ZIP | BAY HARBOR ISLANDS FL

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 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 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 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.

6.2 NAME

SIGNATURE: ___

NAME

KARRON, RICHARD

SIGNATURE AND TYPED OR PHINTED

GIORDANO, ROBERT

3053786541

FILED

Jan 27 1997 8:00am

Secretary of State

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