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Secretary of State

03-30-2000 90016 044 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT **2000**



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**

3. Date Incorporated or Qualified
01/11/1982

4. FEI Number
59-2170423

Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

Lerman and Lerman PA

Suite, Apt. #, etc. **48 E. Flagler St (PH 101)**

City & State **MIAMI, Florida**

Zip **33131** Country **DADE**

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

6. Election Campaign Financing --Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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 **Not List**

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

12. OFFICERS AND DIRECTORS

TITLE	D T	<input type="checkbox"/> DELETE
NAME	LERMAN, ISIDORO	
STREET ADDRESS	9655 E BAY HARBOR DR 3N	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MAMPER, SANDRA	
STREET ADDRESS	9655 E BAY HARBOR DR 2S	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
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	T	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZAIAC, MANUEL	
STREET ADDRESS	9655 E. BAY HARBOR 3S	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GIORDANO, ROBERT	
STREET ADDRESS	9655 E. BAY HARBOR DR. #45	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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]* **Treasurer** **3/23/2000**