

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N03354 (0)
1. Corporation Name
SEASCAPE CONDOMINIUM ASSOCIATION OF MANATEE, INC



| | | | |
|---|--|--|--|
| Principal Place of Business 2063 MAIN STREET, STE 101 SARASOTA FL 34237 | Mailing Address 2144 EMERALD RIDGE DRIVE LAKELAND FL 33813-5226 US | 3. Date Incorporated or Qualified 05/30/1984 | 3a. Date of Last Report 04/25/1996 |
|---|--|--|--|

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|---|--|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country | 2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country | 4. FEI Number 59-2656917 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 22 | 27 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23 | 28 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 | 25 | 29 | 30 |

| | | | |
|---|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent LOBECK, DANIEL J. 2063 MAIN STREET, SUITE 101 SARASOTA FL 34237 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | TD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SEMCHUK, PETER T. | 1.2 NAME | |
| STREET ADDRESS | 2063 MAIN ST S101 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 1.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCKEONA, MICHELE | 2.2 NAME | |
| STREET ADDRESS | 2063 MAIN STREET #S101 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 2.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AIELLO, RALPH C. | 3.2 NAME | |
| STREET ADDRESS | 2063 MAIN STREET #S101 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 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: *Peter T. Semchuk* **PETER T. SEMCHUK** 4/25/97 941-638-9735

CR2E037 (9/96)