

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

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90015 005 \*\*\*\*61.25

<b>DOCUMENT # N03354</b> 1. Entity Name <b>SEASCAPE CONDOMINIUM ASSOCIATION OF MANATEE, INC.</b>					
Principal Place of Business <b>6400 MANATEE AVE W SUITE G BRADENTON, FL 34209 US</b>			Mailing Address <b>P.O. BOX 1607 HOLMES BEACH, FL 34218 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>CONDON, THOMAS 6400 MANATEE AVE W SUITE G BRADENTON, FL 34209</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>FRONTERA, BILL</b> <b>0-28 SADDLE RIVER ROAD</b> <b>FAIR LAWN, NJ 07410</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>AIELLO, RALPH</b> <b>35 WESCOTT STR</b> <b>OLD TAPPAN, NJ 07675</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>LARUSSO, JAY</b> <b>48 SANDRA LANE</b> <b>WAYNE, NJ 07470</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>M</b> <b>CONDON, THOMAS</b> <b>6400 MANATEE AVE W</b> <b>BRADENTON, FL 34209</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>MICHELLE MCKENNA</b> <b>307 2ND AVENUE</b> <b>AVON BY THE SEA NJ 07717</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>PAUL MASEK</b> <b>5135 GULF OF MEXICO DR #201</b> <b>LONGBOAT KEY FL 34228</b>	
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 authority empowered.					
<b>SIGNATURE:</b> <i>Ralph C. Aiello</i> / <b>RALPH C. AIELLO</b>			Date <b>4/24/08</b> Daytime Phone # <b>201-767-1652</b>		