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Apr 27 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
US**

3. Date Incorporated or Qualified  
**05/30/1984**

4. FEI Number  
**59-2656917**

Applied For  
Not Applicable

2. Principal Place of Business  
**21 2033 Main Street**  
Suite, Apt. #, etc.  
**22 Suite 301**  
City & State  
**23**  
Zip  
**24** Country  
**25**

2a. Mailing Address  
**26**  
Suite, Apt. #, etc.  
**27**  
City & State  
**28**  
Zip  
**29** Country  
**30**

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

10. Name and Address of New Registered Agent

**LOBECK, DANIEL J.  
2063 MAIN STREET, SUITE 101  
SARASOTA FL 34237**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2033 Main Street, Suite 301**  
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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TD	SEMCHUK, PETER T.	2063 MAIN ST S101	SARASOTA FL	<input type="checkbox"/>
SD	MCKEONA, MICHELE	2063 MAIN STREET #S101	SARASOTA FL	<input checked="" type="checkbox"/>
PD	AIELLO, RALPH C.	2063 MAIN STREET #S101	SARASOTA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		2033 Main St. S301	Sarasota Fl 34237	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
SD	Albright, Georgiana	2033 Main Street S301	Sarasota Fl 34237	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
PD	Massik, Paul	2033 Main St. S301	Sarasota Fl 34237	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Peter T. Semchuk*  
Peter T. Semchuk

4/20/98

941-648-9735

CR2E037 (1097)