1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

5/35 GOLF OF MEXICO VA.

DOCUMENT # N03354

1. Corporation Name >

SEASCAPE CONDOMINIUM ASSOCIATION OF MANATEE, INC

Principal Place of Business 2033 MAIN ST SUITE 301 SARASOTA FL 34237

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

2144 EMERALD RIDGE DRIVE LAKELAND FL 33813

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90038 043 ****61.25



3. Date incorporated or Qualifed

05/30/1984

4. FEI Number

¬ ¯ ¯	28	City & State							
Zip					-/	5. Certifcate of Status Desired		\$8.75 A Fee Re	
	Country Zip		/ 00	Country O USA		Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	-
	Address of Current Regi	stered Agent				10. Name and Address of New Ro	egister <u>ed A</u>	gent	
				81	Name				
LOBECK, DANIEL J				82	Street Addr	ess (P.O. Box Number is Not Acceptate	ole)		
2033 MAIN ST							<u> </u>		
SUITE 301				83					
SARASOTA FL 34237				84 City 85 Zip Co				ode	
				1	•		<u> </u>	11 _	
office or registered agent, of agent. I am familiar with, ar SIGNATURE	or both, in the State of Flor and accept the obligations o	ida. Such change v of, Section 617.0503	vas authorize 3, Florida Sta	ed by atutes.	tne corporatio	oration submits this statement for the pon's board of directors. I hereby accept	the appoin	hanging its Iment as req	registered gistered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F 12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
TITLE TD				TITLE				☐ Change	☐ Addition
NAME SEMCHUK, PE	TER T		1.2	NAME					
STREET ADDRESS 2033 MAIN ST			1.3	STREET	ADDRESS				
CITY-ST-ZIP SARASOTA FL			1.4	CITY-ST	r-zip				
	SD DELETE			2.1 TITLE				Change	☐ Addition
NAME ALBRIGHT, GE	ORGIANA		2.2	NAME	1				
STREET ADDRESS 2033 MAIN ST			2.3	STREET	ADDRESS				
CITY-ST-ZIP SARASOTA FL		-		CITY-S	×5.		٠		
TITLE PD		☐ DELE	TE 3.1	TITLE				Change	☐ Addition
NAME MASSIK, PAUL			3.2	NAME					
STREET ADDRESS 2033 MAIN ST			3,3	STREET	ADDRESS				
CITY-ST-ZIP SARASOTA FL			3.4.	CITY-S	T-ZIP				
TITLE	· - · · · · · · · · · · · · · · · · · ·	☐ DELE	TE. 4.1	TITLE				☐ Change	Addition
NAME			4. 2	NAME					
STREET ADDRESS			4.3	STREET	ADDRESS				
CITY-ST-ZIP			4.4	CITY-S1	T-ZIP			······	
TITLE		☐ DELE	TE 5.1	TITLE				Change	Addition
NAME			5.2	NAME					
STREET ADDRESS	•		5.3	STREET	ADDRESS				
CITY-ST-ZIP				CITY-\$1	T-ZIP				
mm_Exis/eQ1) 54 2 (\$00)		☐ DELE	TE 6.1	TITLE				☐ Change	Addition
NAME			6.2	NAME					
STREET ADDRESS			6.3	\$TREET	TADORESS				
CITY-ST-ZIP				CITY-S					
14 I haraby cortify that the infe	rmation supplied with this	filing does not qua	lify for the ex	kempti	ion stated in S	Section 119.07(3)(i), Florida Statutes. I e shall have the same legal effect as if	further cert	ify that the i	nformation

empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver or trust Block 12 or Block 13 if changed, or on an attachreent with

Applied For