

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741813

Entity Name: SEASCAPE CLUSTER, INCORPORATED**Current Principal Place of Business:**2400 SOUTH OCEAN DRIVE
FT. PIERCE, FL 34949**Current Mailing Address:**C/O ELLIOTT MERRILL MANAGEMENT
835 20TH PL
VERO BEACH, FL 32960 US**FEI Number:** 59-1874037**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF
625 N. FLAGLER DRIVE
7TH FLOOR
WEST PALM BEACH, FL 33401 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	S
Name	HETHERMAN, MARGARET
Address	2400 S. OCEAN DRIVE #4272
City-State-Zip:	FORT PIERCE FL 34949

Title	T
Name	CROWLEY, FRANCIS (TED)
Address	2400 S OCEAN DR # 4134
City-State-Zip:	FORT PIERCE FL 34949

Title	PRESIDENT
Name	CRAIG, JACK
Address	2400 S OCEAN DRIVE, # 4362
City-State-Zip:	FORT PIERCE FL 34949

Title	VP
Name	SMITH, JOHN
Address	2400 S. OCEAN DR. #4300A
City-State-Zip:	FT. PIERCE FL 34949

Title	DIRECTOR
Name	BURBANK, STEPHEN
Address	2400 S. OCEAN DR. #4303
City-State-Zip:	FORT PIERCE FL 34949

Title	DIRECTOR
Name	LARNED, PHYLLIS
Address	2400 S. OCEAN DR. #4142
City-State-Zip:	FORT PIERCE FL 34949

Title	DIRECTOR
Name	SULLIVAN, DANIEL
Address	2400 S. OCEAN DR. #4284
City-State-Zip:	FORT PIERCE FL 34949

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JACK CRAIG**PRESIDENT****04/25/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date