## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 741813** 

Entity Name: SEASCAPE CLUSTER, INCORPORATED

Entity Name. SEASCAPE CLUSTER, INCORPORAT

**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

FILED Mar 31, 2014

**Secretary of State** 

CC0562587551

Officer/Director Detail:

Title P Title S

NameLOPEZ, EDWARDNameHETHERMAN, MARGARETAddress2400 S. OCEAN DRIVE #4324Address2400 S. OCEAN DRIVE #4272City-State-Zip:FORT PIERCE FL 34949City-State-Zip:FORT PIERCE FL 34949

Title T Title VP

Name CROWLEY, FRANCIS (TED) Name CRAIG, JACK

Address 2400 S OCEAN DR # 4134 Address 2400 S OCEAN DRIVE, # 4362 City-State-Zip: FORT PIERCE FL 34949 City-State-Zip: FORT PIERCE FL 34949

Title D Title D

NameSLATTERY, JAMESNameROBERTSON, ALTONAddress2400 S OCEAN DR #4393Address2400S OCEAN DR #4302City-State-Zip:FT. PIERCE FL 34949City-State-Zip:FORT PIERCE FL 34949

Title DIRECTOR
Name SMITH, JOHN

Address 2400 S. OCEAN DR. #4300A City-State-Zip: FT. 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: EDWARD LOPEZ PRESIDENT 03/31/2014