

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761411

**Entity Name:** SEASCAPE CLUB CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9655 E. BAY HARBOR DR.  
BAY HARBOR ISLANDS, FL 33154

**Current Mailing Address:**

9655 E. BAY HARBOR DR.  
BAY HARBOR ISLANDS, FL 33154

**FEI Number: 59-2170423**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ZAIAC, MANUEL  
9655 E. BAY HARBOR DR. APT.3-SOUTH  
APT. #3S  
BAY HARBOR ISLANDS, FL 33154 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            PRES  
Name            JUSTICE, CHRISTINE  
Address        9655 E. BAY HARBOR DR 6S  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title            DIR  
Name            DOYLE, RICHARD  
Address        9655 E. BAY HARBOR DR 6N  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title            SEC  
Name            HANSON, SANDRA  
Address        9655 E. BAY HARBOR DR 2N  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title            VP  
Name            LERMAN, GEORGE  
Address        9655 E. BAY HARBOR DR  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title            TRES  
Name            ZAIAC, MANUEL  
Address        9655 E. BAY HARBOR DR 3S  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

*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: MANUEL ZAIAC**

**TRES**

**01/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date