

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N03354

**Entity Name:** SEASCAPE CONDOMINIUM ASSOCIATION OF MANATEE, INC.

**FILED**  
**Aug 02, 2023**  
**Secretary of State**  
**8343161640CC**

**Current Principal Place of Business:**

C/O REALMANAGE  
2477 STICKNEY POINT ROAD SUITE 118-A  
SARASOTA, FL 34231

**Current Mailing Address:**

C/O REALMANAGE  
PO BOX 803555  
DALLAS, TX 75380 US

**FEI Number:** 59-2656917

**Certificate of Status Desired:** No

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

WELLS OLAH, P.A.  
3277 FRUITVILLE RD  
BUILDING B  
SARASOTA, FL 34237 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:** WELLS OLAH

**08/02/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, TREASURER  
Name            BARKEY, WALTER  
Address        C/O REALMANAGE  
                  2477 STICKNEY POINT ROAD SUITE  
                  118-A  
City-State-Zip: SARASOTA FL 34231

Title            SECRETARY  
Name            VELIZ, MONICA  
Address        C/O REALMANAGE  
                  2477 STICKNEY POINT ROAD SUITE  
                  118-A  
City-State-Zip: SARASOTA FL 34231

Title            DIRECTOR  
Name            MASSIK, CHARLOTTE  
Address        C/O REALMANAGE  
                  2477 STICKNEY POINT ROAD SUITE  
                  118-A  
City-State-Zip: SARASOTA FL 34231

Title            DIRECTOR  
Name            PEPPER, ALI  
Address        C/O REALMANAGE  
                  2477 STICKNEY POINT ROAD SUITE  
                  118-A  
City-State-Zip: SARASOTA FL 34231

*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:** WALTER BARKEY

**PRESIDENT**

**08/02/2023**

Electronic Signature of Signing Officer/Director Detail

Date