

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000058186

**Entity Name:** SEACLIFFE MARINE MANAGEMENT, INC.

**Current Principal Place of Business:**

9 SW 13TH ST.  
FT. LAUDERDALE, FL 33315

**Current Mailing Address:**

5038 MABRY DRIVE  
NAPLES, FL 34112

**FEI Number:** 65-1112727

**Certificate of Status Desired:** No

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

ANDREWS, TOM  
9 SW 13TH ST.  
FT. LAUDERDALE, FL 33315 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 PD  
Name DEAN, TREVOR  
Address 5038 MABRY DRIVE  
City-State-Zip: NAPLES FL 34112

Title VPD  
Name DEAN-FLEISCHMAN, MICHELE  
Address 5038 MABRY DRIVE  
City-State-Zip: NAPLES FL 34112

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHELE DEAN-FLEISCHMAN

VPD

01/21/2014

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

\_\_\_\_\_  
Date