

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morinham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 761411 (8)**  
1. Corporation Name  
**SEASCAPE CLUB CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>9655 E. BAY HARBOR DR. BAY HARBOR ISLANDS FL 33154</b>	Mailing Address <b>9655 E. BAY HARBOR DR. BAY HARBOR ISLANDS FL 33154</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/11/1982</b>	3a. Date of Last Report <b>01/31/1994</b>
4. FEI Number <b>59-2170423</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**ZAIAC, MANUEL  
9655 E. BAY HARBOR DR. APT. 3-SOUTH  
BAY HARBOR ISLANDS FL 33154**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>T</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LERMAN, ISIDORO</b>	1.2 NAME	
STREET ADDRESS	<b>9655 E BAY HARBOR DR 3N</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BAY HARBOR ISLANDS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATALON, JACK</b>	2.2 NAME	
STREET ADDRESS	<b>9655 E BAY HARBOR DR 2S</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BAY HARBOR ISLANDS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRIGHT, ESTHER</b>	3.2 NAME	
STREET ADDRESS	<b>9655 E. BAY HARBOR D, 5N</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BAY HARBOR ISLAND FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSSELL, TERENCE</b>	4.2 NAME	
STREET ADDRESS	<b>9655 E BAY HARBOR DR 7S</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BAY HARBOR ISLANDS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>P</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZAIAC, MANUEL</b>	5.2 NAME	
STREET ADDRESS	<b>9655 E. BAY HARBOR 3S</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BAY HARBOR ISLAND FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANBER, MILTON</b>	6.2 NAME	
STREET ADDRESS	<b>9655 E. BAY HARBOR, 4N</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BAY HARBOR ISLANDS FL</b>	6.4 CITY-ST-ZIP	

**D**  
**TRAMMELL, RUTH**  Change  Addition  
**9655 E. BAY HARBOR, 5S**  
**BAY HARBOR ISLANDS FL.**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/20/95** 3936541  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR