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**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90016 044 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT **2000**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **761411** (8)

1. Corporation Name  
**SEASCAPE CLUB CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address

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

2. Principal Place of Business 2a. Mailing Address

**21** Suite, Apt. #, etc. **26** **Lerman and Lerman PA**

**22** City & State **27** **48 E. Flagler St (PH 101)**

**23** City & State **28** **MIAMI, Florida**

**24** Zip **25** Country **29** **33131** **30** Country **DADE**

3. Date Incorporated or Qualified  
**01/11/1982**

4. FEI Number **59-2170423**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing --Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 **Not List**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                                    |                                 |
|----------------|------------------------------------|---------------------------------|
| TITLE          | <b>D T</b>                         | <input type="checkbox"/> DELETE |
| NAME           | <b>LERMAN, ISIDORO</b>             |                                 |
| STREET ADDRESS | <b>9655 E BAY HARBOR DR 3N</b>     |                                 |
| CITY-ST-ZIP    | <b>BAY HARBOR ISLANDS FL 33154</b> |                                 |
| TITLE          | <b>S</b>                           | <input type="checkbox"/> DELETE |
| NAME           | <b>MAMPER, SANDRA</b>              |                                 |
| STREET ADDRESS | <b>9655 E BAY HARBOR DR 2S</b>     |                                 |
| CITY-ST-ZIP    | <b>BAY HARBOR ISLANDS FL 33154</b> |                                 |
| TITLE          | <b>VP</b>                          | <input type="checkbox"/> DELETE |
| NAME           | <b>BRIGHT, ESTHER</b>              |                                 |
| STREET ADDRESS | <b>9655 E. BAY HARBOR D,5N</b>     |                                 |
| CITY-ST-ZIP    | <b>BAY HARBOR ISLAND FL</b>        |                                 |
| TITLE          | <b>T</b>                           | <input type="checkbox"/> DELETE |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY-ST-ZIP    |                                    |                                 |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> DELETE |
| NAME           | <b>ZAIAC, MANUEL</b>               |                                 |
| STREET ADDRESS | <b>9655 E. BAY HARBOR 3S</b>       |                                 |
| CITY-ST-ZIP    | <b>BAY HARBOR ISLAND FL 33154</b>  |                                 |
| TITLE          | <b>P</b>                           | <input type="checkbox"/> DELETE |
| NAME           | <b>GIORDANO, ROBERT</b>            |                                 |
| STREET ADDRESS | <b>9655 E. BAY HARBOR DR. #45</b>  |                                 |
| CITY-ST-ZIP    | <b>BAY HARBOR ISLANDS FL 33154</b> |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Add |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Treasurer** **3/23/2000**