

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90005 049 ****61.25

DOCUMENT # 761411 1. Entity Name SEASCAPE CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9655 E. BAY HARBOR DR. BAY HARBOR ISLANDS FL 33154			Mailing Address C/O LERMAN & LERMAN PA 48 E FLAGLER STREET PH 101 MIAMI FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2170423 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				MOORE CR2E037 (11/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZAIAC, MANUEL 9655 E. BAY HARBOR DR. APT. 3-SOUTH BAY HARBOR ISLANDS FL 33154			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS LERMAN, ISIDORO 9655 E BAY HARBOR DR 3N BAY HARBOR ISLANDS FL 33154 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUDY KELLERMAN 9655 E. BAY HARBOR DR.-6S BAY HARBOR ISLANDS, FL. 33154 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WORKMAN, ALEXANDRA 9655 E BAY HARBOR DR 2S BAY HARBOR ISLANDS FL 33154 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARD DOYLE 9655 E. BAY HARBOR DR.-6N BAY HARBOR ISLANDS, FL. 33154 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRAMMELL, RUTH 9655 E. BAY HARBOR DR. 5N BAY HARBOR ISLAND FL 33154 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIA DINA 9655 E. BAY HARBOR DR.-5S BAY HARBOR ISLANDS, FL. 33154 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZAIAC, HILDA 9655 E BAY HARBOR DR 4S BAY HARBOR ISLANDS FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RACHEL MATALON 9655 E. BAY HARBOR DR.-2S BAY HARBOR ISLANDS, FL. 33154 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAIAC, MANUEL 9655 E. BAY HARBOR DR 3S BAY HARBOR ISLAND FL 33154 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JUSTIN FUHRMANN 9655 E. BAY HARBOR DR.-7N BAY HARBOR ISLANDS, FL 33154 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIORDANO, ROBERT 9655 E. BAY HARBOR DR. #45 BAY HARBOR ISLANDS FL 33154 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANUEL ZAIAC 9655 E. BAY HARBOR DR.-3S BAY HARBOR ISLANDS, FL. 33154 ☒ Change ☐ Addition		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.					
SIGNATURE: <i>Rudy Kellerman</i> RUDY KELLERMAN 2/27/2004					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					