


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90011 031 ****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 MANUEL ZAIAC 9655 EAST BAY HARBOR DRIVE SUITE 35 MIAMI BEACH FL 33154 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

4. FEI Number 59-2170423		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ZAIAC, MANUEL 9655 E. BAY HARBOR DR. APT. 3-SOUTH BAY HARBOR ISLANDS FL 33154		7. Name and Address of New Registered Agent 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 _____		DATE _____	

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: LEVY, JONATHAN STREET ADDRESS: 9655 E BAY HARBOR DR 5N CITY-ST-ZIP: BAY HARBOR ISLANDS FL 33154 <input checked="" type="checkbox"/> Delete		TITLE: PRESIDENT NAME: JUSTIN FUHRMANN STREET ADDRESS: 9655 E BAY HARBOR DR 7N CITY-ST-ZIP: BAY HARBOR, FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: VD NAME: HARBAUGH, ROBERT STREET ADDRESS: 9655 EAST BAY HARBOR DRIVE 7S CITY-ST-ZIP: MIAMI BEACH FL 33154 <input checked="" type="checkbox"/> Delete		TITLE: VP NAME: CHRISTINE J. KELLERMAN STREET ADDRESS: 9655 E BAY HARBOR DR 6S CITY-ST-ZIP: BAY HARBOR, FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: VS NAME: FUHRMANN, JUSTIN STREET ADDRESS: 9655 E BAY HARBOR DR JN CITY-ST-ZIP: BAY HARBOR ISLAND FL 33154 <input checked="" type="checkbox"/> Delete		TITLE: SECRETARY NAME: ALEX WORKMAN STREET ADDRESS: 9655 E BAY HARBOR DR 4N CITY-ST-ZIP: BAY HARBOR, FL 33154 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: T NAME: ZAIAL, HILDA STREET ADDRESS: 9655 E BAY HARBOR DR 3S CITY-ST-ZIP: BAY HARBOR ISLANDS FL 33154 <input type="checkbox"/> Delete		TITLE: T NAME: HILDA ZAIAC STREET ADDRESS: 9655 E BAY HARBOR DR 3S CITY-ST-ZIP: BAY HARBOR, FL 33154 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: AS NAME: HANSON, SANDRA STREET ADDRESS: 9655 E BAY HARBOR DR 2N CITY-ST-ZIP: BAY HARBOR ISLANDS FL 33154 <input checked="" type="checkbox"/> Delete		TITLE: DIRECTOR NAME: JONATHAN LEVY STREET ADDRESS: 9655 E BAY HARBOR DR 5N CITY-ST-ZIP: BAY HARBOR, FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 all other like empowered.

SIGNATURE: Hilda Zaiac Treasurer 2/29/2008 305 868-9655