

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90667 026 \*\*\*\*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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2170423** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAS</b> <b>LERMAN, ISIDORO</b> <b>9655 E BAY HARBOR DR 3N</b> <b>BAY HARBOR ISLANDS FL 33154</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MAMPER, SANDRA</b> <b>9655 E BAY HARBOR DR 2S</b> <b>BAY HARBOR ISLANDS FL 33154</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BRIGHT, ESTHER</b> <b>9655 E. BAY HARBOR D. 5N</b> <b>BAY HARBOR ISLAND FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MESSERLI, DONALD</b> <b>9655 E BAY HARBOR DR 4S</b> <b>BAY HARBOR ISLANDS FL 33154</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZAIAC, MANUEL</b> <b>9655 E. BAY HARBOR 3S</b> <b>BAY HARBOR ISLAND FL 33154</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GIORDANO, ROBERT</b> <b>9655 E. BAY HARBOR DR. #6S</b> <b>BAY HARBOR ISLANDS FL 33154</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>X WORKMAN, ALEXANDRA</b> <b>9655 E. Bay Harbor Dr (4N)</b> <b>Bay Harbor Islands, FL 33154</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>X TRAMMELL, RUTH</b> <b>9655 E. Bay Harbor Drive (5S)</b> <b>Bay Harbor Islands, FL 33154</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>HILDA ZAIAC</b> <b>9655 E Bay Harbor Dr (3S)</b> <b>Bay Harbor Islands, FL 33154</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

*Robert Jay* 1/17/03

CFR2E037 (10/02)