


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N03354

1. Entity Name
SEASCAPE CONDOMINIUM ASSOCIATION OF MANATEE, INC.



Principal Place of Business
**6400 MANATEE AVE W
 SUITE G
 BRADENTON, FL 34209 US**

Mailing Address
**P.O. BOX 1607
 HOLMES BEACH, FL 34218 US**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt #, etc.

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

03132007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-2656917

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**CONDON, THOMAS
 6400 MANATEE AVE W
 SUITE G
 BRADENTON, FL 34209**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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	P	<input type="checkbox"/> Delete
NAME	FRONTERA, BILL	
STREET ADDRESS	0-28 SADDLE RIVER ROAD	
CITY-ST-ZIP	FAIR LAWN, NJ 07410	
TITLE	T	<input type="checkbox"/> Delete
NAME	AIELLO, RALPH	
STREET ADDRESS	35 WESCOTT STR	
CITY-ST-ZIP	OLD TAPPAN, NJ 07675	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARUSSO, JAY	
STREET ADDRESS	48 SANDRA LANE	
CITY-ST-ZIP	WAYNE, NJ 07470	
TITLE	M	<input type="checkbox"/> Delete
NAME	CONDON, THOMAS	
STREET ADDRESS	6400 MANATEE AVE W	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000730702	
CITY-ST-ZIP	05/08/07-80090-019 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Ralph C. AIELLO* **4/23/07** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #