

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741813

Entity Name: SEASCAPE CLUSTER, INCORPORATED

Current Principal Place of Business:

2400 SOUTH OCEAN DRIVE
FT. PIERCE, FL 34949

Current Mailing Address:

C/O ELLIOTT MERRILL MANAGEMENT
835 20TH PL
VERO BEACH, FL 32960 US

FEI Number: 59-1874037

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF
625 N. FLAGLER DRIVE
7TH FLOOR
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name LOPEZ, EDWARD
Address 2400 S. OCEAN DRIVE #4324
City-State-Zip: FORT PIERCE FL 34949

Title S
Name HETHERMAN, MARGARET
Address 2400 S. OCEAN DRIVE #4272
City-State-Zip: FORT PIERCE FL 34949

Title T
Name CROWLEY, FRANCIS (TED)
Address 2400 S OCEAN DR # 4134
City-State-Zip: FORT PIERCE FL 34949

Title VP
Name CRAIG, JACK
Address 2400 S OCEAN DRIVE, # 4362
City-State-Zip: FORT PIERCE FL 34949

Title D
Name ROBERTSON, ALTON
Address 2400S OCEAN DR #4302
City-State-Zip: FORT PIERCE FL 34949

Title DIRECTOR
Name SMITH, JOHN
Address 2400 S. OCEAN DR. #4300A
City-State-Zip: FT. PIERCE FL 34949

Title DIRECTOR
Name BURBANK, STEPHEN
Address 2400 S. OCEAN DR. #4303
City-State-Zip: FORT PIERCE FL 34949

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD LOPEZ

PRESIDENT

04/02/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date