

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770563

**FILED**  
**Mar 10, 2014**  
**Secretary of State**  
**CC8563506889**

**Entity Name:** SEASCAPE CONDOMINIUM MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

2290 OCEAN SHORE BLVD., SUITE 201  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

P.O. BOX 1527  
ORMOND BEACH, FL 32175 US

**FEI Number:** 59-2329191

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INTRACOASTAL BOOKKEEPING & MANAGEMENT  
1100 OCEAN SHORE BLVD #9  
ORMOND BEACH, FL 32176 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:** DEBORAH KREINEST

03/10/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name JOSEPH, GIUFFRE  
Address 2290 OCEAN SHORE BLVD #302  
City-State-Zip: ORMOND BEACH FL 32176

Title VP  
Name KAPELKA, DAVE  
Address 9100 WILDWOOD DR  
City-State-Zip: NORTH ROYALTON OH 44133

Title SECRETARY  
Name IRENE, CURRAN  
Address 1301 ASPEN DR  
City-State-Zip: PLAINSBORO NJ 08536

Title DIRECTOR  
Name HOFFMAN, ADELAIDE  
Address 2290 OCEAN SHORE BLVD., #203  
City-State-Zip: ORMOND BEACH FL 32176

Title TREASURER  
Name NORRED, VIRGINIA  
Address 2290 OCEAN SHORE BLVD #305  
City-State-Zip: ORMOND BEACH FL 32176

*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:** JOSEPH GIUFFRE

PRES

03/10/2014

Electronic Signature of Signing Officer/Director Detail

Date