

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03354

**FILED**  
**Jan 14, 2015**  
**Secretary of State**  
**CC9074218964**

**Entity Name:** SEASCAPE CONDOMINIUM ASSOCIATION OF MANATEE, INC.

**Current Principal Place of Business:**

5135 GULF OF MEXICO DRIVE  
LONGBOAT KEY, FL 34228

**Current Mailing Address:**

C/O CUNNINGHAM PROP. MGMT. CORP.  
1030 SEASIDE DRIVE  
SARASOTA, FL 34242 US

**FEI Number:** 59-2656917

**Certificate of Status Desired:** Yes

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

CUNNINGHAM PROPERTY MANAGEMENT CORP.  
C/O CUNNINGHAM PROP. MGMT. CORP.  
1030 SEASIDE DRIVE  
SARASOTA, FL 34242 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:** LISA D. LANGEVIN

01/14/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           FRONTERA, BILL  
Address        5135 GULF OF MEXICO DRIVE #101  
City-State-Zip: LONGBOAT KEY FL 34228

Title           VP  
Name           AIELLO, RALPH  
Address        35 WESCOTT STREET  
City-State-Zip: OLD TAPPAN NJ 07675

Title           D  
Name           LARUSSO, JAY  
Address        48 SANDRA LANE  
City-State-Zip: WAYNE NJ 07470

Title           PRESIDENT  
Name           MCKENNA, MICHAELE  
Address        5135 GULF OF MEXICO DRIVE #204  
City-State-Zip: LONGBOAT KEY FL 34228

Title           S  
Name           MASSIK, CHARLOTTE  
Address        5135 GULF OF MEXICO DRIVE #201  
City-State-Zip: LONGBOAT KEY FL 34228

Title           MGR  
Name           LANGEVIN, JULIA R  
Address        3008 GULF OF MEXICO DRIVE  
City-State-Zip: LONGBOAT KEY FL 34228

*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:** JULIA R. LANGEVIN

**PROPERTY MANAGER**

01/14/2015

Electronic Signature of Signing Officer/Director Detail

Date