

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05978

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

**Current Principal Place of Business:**

5148 SE SEASCAPE WAY  
STUART, FL 34997

**FILED**  
**Mar 25, 2013**  
**Secretary of State**  
**CC5445283854**

**Current Mailing Address:**

543 NW LAKE WHITNEY PLACE  
SUITE 101  
PORT ST LUCIE, FL 33458 US

**FEI Number: 59-2785400**

**Certificate of Status Desired: No**

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

BRISTOL MANAGEMENT  
543 NW LAKE WHITNEY PLACE  
SUITE 101  
PORT SAINT LUCIE, FL 34986 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 BURRAUNO, SALVATORE  
Address 5280 SE SEASCAPE VALLEY WAY 12-103  
City-State-Zip: STUART FL 34997

Title TREASURER  
Name ABENDSCHEIN, CHRISTINE  
Address 5290 SE SEASCAPE 13-101  
City-State-Zip: STUART FL 34997

Title D  
Name HOUSE, JAMES  
Address 5240 SW SEASCAPE WAY 08-103  
City-State-Zip: STUART FL 34997

Title SECRETARY  
Name HILLY, HELEN  
Address 5230 SE SEASCAPE WAY 07-102  
City-State-Zip: STUART FL 34997

Title D  
Name MONAHAN, DON  
Address 5280 SW SEASCAPE WAY 12-102  
City-State-Zip: STUART FL 34997

*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: SALVATORE BURRAUNO**

**PRESIDENT**

**03/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date