

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05978

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

**FILED**  
**Mar 23, 2022**  
**Secretary of State**  
**3234815868CC**

**Current Principal Place of Business:**

C/O ADVANTAGE PROPERTY MANAGEMENT  
1111 SE FEDERAL HWY., #100  
STUART, FL 34994

**Current Mailing Address:**

C/O ADVANTAGE PROPERTY MANAGEMENT  
1111 SE FEDERAL HWY., #100  
STUART, FL 34994 US

**FEI Number: 59-2785400**

**Certificate of Status Desired: No**

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

ROSS, DEBORAH  
ROSS EARLE BONAN & ENSOR  
789 SOUTH FEDERAL HIGHWAY SUITE 101  
STUART, FL 34994 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 ROSS**

**03/23/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GANZ, DEBORAH  
Address        C/O ADVANTAGE PROPERTY  
                  MANAGEMENT  
                  1111 SE FEDERAL HWY., #100  
City-State-Zip: STUART FL 34994

Title            VP  
Name            GRENFELL, ROBERT  
Address        C/O ADVANTAGE PROPERTY  
                  MANAGEMENT  
                  1111 SE FEDERAL HWY., #100  
City-State-Zip: STUART FL 34994

Title            TREASURER  
Name            BILLY, CARRIE  
Address        C/O ADVANTAGE PROPERTY  
                  MANAGEMENT  
                  1111 SE FEDERAL HWY., #100  
City-State-Zip: STUART FL 34994

Title            SECRETARY  
Name            MARSO, JOE  
Address        C/O ADVANTAGE PROPERTY  
                  MANAGEMENT  
                  1111 SE FEDERAL HWY., #100  
City-State-Zip: STUART FL 34994

Title            DIRECTOR  
Name            BURRUANO, KAREN  
Address        C/O ADVANTAGE PROPERTY  
                  MANAGEMENT  
                  1111 SE FEDERAL HWY., #100  
City-State-Zip: STUART FL 34994

*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: DEBORAH GANZ**

**PRESIDENT**

**03/23/2022**

Electronic Signature of Signing Officer/Director Detail

Date