

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90007 037 ****61.25

DOCUMENT # 728503

1. Entity Name

SEA BREAKERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

305-307 HWY A1A
 SATELLITE BCH FL 32937
 US

445 RD SAIL WAY
 SATELLITE BEACH FL 32937
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1760519

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, ROBERT G
445 RED SAIL WAY
SATELLITE BEACH FL FL 32937

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: TD
 NAME: BEASLEY, MARY A
 STREET ADDRESS: 912 ARABIAN AVE
 CITY-ST-ZIP: WINTER SPGS FL 32708
 Delete

TITLE: D
 NAME: Gretchen Sanford
 STREET ADDRESS: 305 Hwy A1A, #12
 CITY-ST-ZIP: Satellite Beach, FL 32937
 Change Addition

TITLE: D
 NAME: MCGINTY, GENE
 STREET ADDRESS: 3 HUNTER DRIVE
 CITY-ST-ZIP: GUILFORD CT 06840
 Delete

TITLE: D
 NAME: William Faulkner
 STREET ADDRESS: 691 Bingham Place
 CITY-ST-ZIP: Lake Mary, FL 32746
 Change Addition

TITLE: PD
 NAME: SMITH, ROBERT G
 STREET ADDRESS: 445 RED SAIL WAY
 CITY-ST-ZIP: SATELLITE BCH FL 32937
 Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: DS
 NAME: JEFFREY TEMPLETON
 STREET ADDRESS: 8666 PORT SAID STREET
 CITY-ST-ZIP: ORLANDO FL 32817
 Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: D
 NAME: MURPHY, FRANK
 STREET ADDRESS: P O BOX 422 N/A
 CITY-ST-ZIP: FAIRLESS HILLS PA 19030
 Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: D
 NAME: STAINWORTH, WILLIAM
 STREET ADDRESS: 305 HWY A1A #14
 CITY-ST-ZIP: SATELLITE BEACH FL 32937
 Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert G. Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert G. Smith 24 Jan '00 321 277-7666
 Date Daytime Phone #

CR2E037 (9/99)