FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:16

DOCUMENT # J11353 (6)

1. Corporation Name
SEA BREEZE MOBILE HOMEOWNERS', INC.

Principal Place of Business	Mailing Address
10885 SE FEDERAL HWY HOBE SOUND FL 33455 US	10885 SE FEDERAL HWY HOBE SOUND FL 33455 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/28/1986
3a. Date of Last Report: 03/25/1994

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:

4. FEI Number: 59-2702398 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KEELEY, LORRAINE
10885 SE FEDERAL HIGHWAY
#120
HOBE SOUND, 33455

10. Name and Address of New Registered Agent

81 Name: York, Grace
82 Street Address (P.O. Box Number is Not Acceptable): 10885 S E Federal Hwy #42
83:
84 City: Hobe Sound FL 85 Zip Code: 33455

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Grace E. York Mgr. 2/10/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D L. Burton Richards ☒ Change ☐ Addition
NAME	WISSINGER, CAROL	1.2 NAME	
STREET ADDRESS	123 SEA BREEZE MOBILE MN	1.3 STREET ADDRESS	10885 S E Federal Hwy #44
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	Hobe Sound, Fl 33455
TITLE	VD	2.1 TITLE	V/D Raymond Tuttle ☒ Change ☐ Addition
NAME	RICHARDS, L B	2.2 NAME	
STREET ADDRESS	44 SEA BREEZE MOBILE MNR	2.3 STREET ADDRESS	10885 S E Federal Hwy #57
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP	Hobe Sound, Fl 33455
TITLE	SD	3.1 TITLE	S/D Grace York ☒ Change ☐ Addition
NAME	KEELEY, LORRAINE	3.2 NAME	
STREET ADDRESS	120 SEA BREEZE MOBILE MNR	3.3 STREET ADDRESS	10885 S E Federal Hwy #42
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP	Hobe Sound, Fl 33455
TITLE	D	4.1 TITLE	D/T Carol Wissinger ☒ Change ☐ Addition
NAME	ANGST, WILLIAM	4.2 NAME	
STREET ADDRESS	5 SEA BREEZE MOBILE MNR	4.3 STREET ADDRESS	10885 S E Federal Hwy #123
CITY-ST-ZIP	HOBE SOUND FL	4.4 CITY-ST-ZIP	Hobe Sound, Fl 33455
TITLE	DT	5.1 TITLE	D William Angst ☒ Change ☐ Addition
NAME	BEATTY, WINNIFRED	5.2 NAME	
STREET ADDRESS	63 SEA BREEZE MOBILE MNR	5.3 STREET ADDRESS	10885 S E Federal Hwy #5
CITY-ST-ZIP	HOBE SOUND FL	5.4 CITY-ST-ZIP	Hobe Sound, Fl 33455
TITLE	D	6.1 TITLE	D Robert Ditzenberger ☒ Change ☐ Addition
NAME	SMITH, CHARLES	6.2 NAME	
STREET ADDRESS	19 SEA BREEZE MOBILE MNR	6.3 STREET ADDRESS	10885 S E Federal Hwy #54
CITY-ST-ZIP	HOBE SOUND FL	6.4 CITY-ST-ZIP	Hobe Sound, Fl 33455

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Grace E. York, Secy. 2-10-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)
GRACE E. York

0260251 CP