2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2009
Secretary of State

DOCUMENT# J11353

Entity Name: SEA BREEZE MOBILE HOMEOWNERS', INC.

Current Principal Place of Business:

10885 SE FEDERAL HWY
HOBE SOUND, FL 33455 US

New Principal Place of Business:

Current Mailing Address:

10885 SE FEDERAL HWY
HOBE SOUND, FL 33455 US

New Mailing Address:

FEI Number: 59-2702398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHARLES T SIMMONS C.P.A.
417 COCONUT AVE STE 1
#120
STUART, FL 34996 US

Name and Address of New Registered Agent:

SIMMONS & MILLER
417 COCONUT AVE STE 1
#1
STUART, FL 34996 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: SIMMONS & MILLER 07/15/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KOESTER, JERRY
Address: 10885 SE FEDERAL HWY #13
City-St-Zip: HOBE SOUND, FL 33455

Title: VP ( ) Delete
Name: PAVLIK, TERRY
Address: 10885 SE FEDERAL HWY #8
City-St-Zip: HOBE SOUND, FL 33455

Title: S ( ) Delete
Name: ASSELIN, ROSEANNE
Address: 10885 SE FEDERAL HWY #8
City-St-Zip: HOBE SOUND, FL 33455

Title: T ( ) Delete
Name: BERGERON, BERNARD
Address: 10885 SE FEDERAL HWY #92
City-St-Zip: HOBE SOUND, FL 33455

Title: D ( ) Delete
Name: TUTTLE, RAY
Address: 10885 SE FEDERAL HWY #57
City-St-Zip: HOBE SOUND, FL 33455

Title: D ( ) Delete
Name: LEAVITT, JACKIE
Address: 10885 SE FEDERAL HWY #74
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNARD BERGERON TRES 07/15/2009
Electronic Signature of Signing Officer or Director Date