2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State
03-10-2003 90116 036 ***150.00

DOCUMENT # J11353

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

10034936

☐ CHECK HERE IF MAKING CHANGES

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2702398 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TUTTLE, RAYMOND 10885 SE FED HWY 57 HOBE SOUND FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY WILSON, LOUISE 10885 S E Fed. Hwy. #52 Hobe Sound, FL 33455
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COX, MILLARD 10885 SE FEDERAL HWY #47 HOBE SOUND FL 33455	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer WISSINGER, CAROL 10885 S E Federal Hwy. #123 Hobe Sound, FL 33455
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHEETS, WILLIAM 10885 SE FED HWY #33 HOBE SOUND FL 33455	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director CAYE, ROBERT 10885 S E Fed. Hwy. #36 Hobe Sound, FL 33455
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERREAULT, DON 10885 SE FED HWY., #65 HOBE SOUND FL 33455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Second Vice-President PERREAULT, DON 10885 - SE Fed. Hwy. #65 Hobe Sound, FL 33455
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRACEY, ROBERT 10885 SE FEDERAL HWY #68 HOBE SOUND FL 33455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	First Vice-President TRACEY, ROBERT 10885 SE Federal Hwy #68 Hobe Sound, FL 33455
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD KOESTER, JERRY 10885 SE FED HWY #13 HOBE SOUND FL 33455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President KOESTER, JERRY 10885 S E Fed. Hwy. #13 Hobe Sound, FL 33455

☒ Change ☒ Addition

CR2E034 (10/02)

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 607, 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: Carol A. Wissinger CAROL WISSINGER TREASURER 3/7/03 (772) 546-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #