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Mar 15, 2005 8:00 am
Secretary of State

01-26-2005 90026 027 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000005588

1. Entity Name
SEABREEZE VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
725-5 ATLANTIC BLVD. ATLANTIC BEACH, FL 32233	725-5 ATLANTIC BLVD. ATLANTIC BEACH, FL 32233

66005425

01102005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
415 13th AVE N	SAME
Suite, Apt. #, etc.: JACKSONVILLE BEACH, FL	Suite, Apt. #, etc.
City & State: 32250	City & State
Zip / Country	Zip / Country

4. FEI Number — ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARTLETT & DEAL, P.A. 135 PROFESSIONAL DRIVE SUITE 101 PONTE VEDRA BEACH, FL 32082	Name: SAME 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD JONES, JEAN TAN 725-5 ATLANTIC BLVD. ATLANTIC BEACH, FL 32233 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MICHAEL SOLIS 415 13th AVE N JACKSONVILLE BEACH, FL 32250 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD HONRATH, DAVID 725-5 ATLANTIC BLVD. ATLANTIC BEACH, FL 32233 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WENDY OLSON 413 13th AVE N JACKSONVILLE BEACH, FL 32250 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: ______________________ 1-21-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #