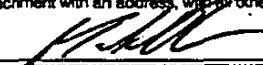


FILED
Mar 15, 2005 8:00 am
Secretary of State

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 725-5 ATLANTIC BLVD. ATLANTIC BEACH, FL 32233		Mailing Address 725-5 ATLANTIC BLVD. ATLANTIC BEACH, FL 32233	
2. Principal Place of Business 415 13th AVE N Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
JACKSONVILLE BEACH, FL City & State		SAME City & State	
32250 Zip	Country	SAME Zip	Country
6. Name and Address of Current Registered Agent BARTLETT & DEAL, P.A. 135 PROFESSIONAL DRIVE SUITE 101 PONTE VEDRA BEACH, FL 32082		7. Name and Address of New Registered Agent 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.		DATE (NOTE: Registered Agent signature required when reappointing)	
Filing Fee is \$81.25 Due by May 1, 2005		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 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 415 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 or other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-21-05 Daytime Phone #	