

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34636 (3)
1. Corporation Name
SEABROOKE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
525 MAIN STREET SAFETY HARBOR FL 34695 **525 MAIN STREET SAFETY HARBOR FL 34695**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/12/1989** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2981210** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **2331 BELLEAIR RD** 26 **2331 BELLEAIR RD**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE B** 27 **SUITE B**
City & State City & State
23 **CLEARWATER, FL** 28 **CLEARWATER, FL**
Zip Country Zip Country
24 **34624** 25 29 **34624** 30

9. Name and Address of Current Registered Agent
**CUSTOM COMMUNITY MANAGEMENT, INC.
2331 BELLEAIR RD-STE B
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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, 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 assent to, the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/19/95**
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGER, SIMON	1.2 NAME	
STREET ADDRESS	2323 BELLEAIR RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTRADA, MIGUEL D	2.2 NAME	
STREET ADDRESS	1973 PROMENADE WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34624	2.4 CITY - ST - ZIP	
TITLE	Douglas Markow D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1961 Promenade	3.2 NAME	
STREET ADDRESS	Clearwater, FL. 34621	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4-19-95** **813535-5550**
Signature and typed or printed name of signing officer or director Date Dollars (over \$)