

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90009 014 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name **N34636**

**SEABROOKE HOMEOWNERS' ASSOCIATION, INC.** ✓

Principal Place of Business

Mailing Address

3438 East Lake Rd., #22  
 Palm Harbor, FL 34685

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 Palm Harbor, FL 34685

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/12/89	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2981210 ✓	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

**9. Name and Address of Current Registered Agent**

William J. Nasser  
 2697B Sunset Point Rd.  
 Clearwater, FL 33759

**10. Name and Address of New Registered Agent**

81	Name	James M. Nolan	
82	Street Address (P.O. Box Number is Not Acceptable)	3438 East Lake Rd., #22	
83			
84	City	Palm Harbor	85 Zip Code
		FL	34685

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*James M. Nolan*

4/28/99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Estrada	1.2 NAME	
STREET ADDRESS	1973 Promenade Way	1.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33760	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lee Haas	2.2 NAME	
STREET ADDRESS	3160 Shoreline Dr.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33760	2.4 CITY-ST-ZIP	
TITLE	ID <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dave Hickman	3.2 NAME	
STREET ADDRESS	3186 Shoreline Dr.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33760	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Woolley	4.2 NAME	
STREET ADDRESS	1949 Northfork	4.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33760	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Royer	5.2 NAME	
STREET ADDRESS	3052 Overlook Place	5.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33760	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Barbara Woolley*

BARBARA WOOLLEY  
 SEC.

4/28/99

721  
 785-8887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #