


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90030 022 \*\*\*\*61.25

**DOCUMENT # N34636**  
 1. Entity Name  
**SEABROOKE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
 3440 EAST LAKE RD      3440 EAST LAKE RD  
 STE 106      STE 106  
 PALM HARBOR FL 34685      PALM HARBOR FL 34685  
 US      US

**94023329**



MOORE CR2E037 (11/03)

2. Principal Place of Business      3. Mailing Address  
*4174 Woodlands Pkwy*      *4174 Woodlands Pkwy*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*Palm Harbor FL*      *Palm Harbor*  
 Zip      Country      Zip      Country  
*34685*      *Pinellas US*      *34685*      *US*

4. FEI Number      Applied For  
**59-2981210**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NOLAN, JAMES M**  
**3440 EAST LAKE RD.**  
**#106**  
**PALM HARBOR FL 34685**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*4174 Woodlands Parkway*  
 City      State      Zip Code  
*Palm Harbor*      **FL**      *34685*

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: *James M Nolan*  
 (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25 Due By May 1, 2004**      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

TITLE	TD	<input type="checkbox"/> Delete
NAME	ESTRADA, MIKE	
STREET ADDRESS	1973 PROMENADE WAY	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULBERTSON, CA	
STREET ADDRESS	1982 PROMENADE WAY	
CITY-ST-ZIP	CLEARWATER FL-33760	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEXTON, MIKE	
STREET ADDRESS	3147 SHORELINE DR	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, PAUL	
STREET ADDRESS	1992 PROMENADE WAY	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, JACK	
STREET ADDRESS	1910 NORTHFORK CIRCLE	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VERDERICO, RIVHARD	
STREET ADDRESS	BRANCH DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33760	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Longquist, Jack	
STREET ADDRESS	3076 Overlook Pl	
CITY-ST-ZIP	Clearwater FL 33760	<input checked="" type="checkbox"/> 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: *[Signature]*      2/23/04      Date      Daytime Phone #