


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90047 004 ****61.25

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



Principal Place of Business
 4174 WOODLANDS PKWY
 PALM HARBOR, FL 34685 US

Mailing Address
 4174 WOODLANDS PKWY
 PALM HARBOR, FL 34685 US

20021547



01052005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
 59-2981210 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NOLAN, JAMES M
 4174 WOODLANDS PKWY
 PALM HARBOR, FL 34685

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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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	ESTRADA, MIKE
STREET ADDRESS	1973 PROMENADE WAY
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	D
NAME	CULBERTSON, CA
STREET ADDRESS	1982 PROMENADE WAY
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	RD
NAME	SEXTON, MIKE
STREET ADDRESS	3147 SHORELINE DR
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	D
NAME	LONQUIST, JACK
STREET ADDRESS	3070 OVERLOOK PL.
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	D
NAME	SULLIVAN, JACK BILL LITTLE
STREET ADDRESS	1910 NORTH FORK CIRCLE 2070 BRANCH DR.
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	PD
NAME	BOB ROBERT RIEGEL
STREET ADDRESS	1945 PROMENADE WAY
CITY-ST-ZIP	CLEARWATER, FL 33760

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/16/05 Daytime Phone # _____