

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34636

FILED
Apr 27, 2007
Secretary of State

Entity Name: SEABROOKE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

11350 66TH STREET NORTH
SUITE 124
LARGO, FL 33773 US

New Principal Place of Business:

Current Mailing Address:

11350 66TH STREET NORTH
SUITE 124
LARGO, FL 33773 US

New Mailing Address:

FEI Number: 59-2981210 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BABCOCK, ROBERT A
11350 66TH STREET NORTH #124
LARGO, FL 33773 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: ESTRADA, MIKE
Address: 1973 PROMENADE WAY
City-St-Zip: CLEARWATER, FL 33760

Title: D () Delete
Name: CULBERTSON, CA
Address: 1982 PROMENADE WAY
City-St-Zip: CLEARWATER, FL 33760 US

Title: D () Delete
Name: ESTRADA, MIKE
Address: 1973 PROMENADE WAY
City-St-Zip: CLEARWATER, FL 33760

Title: VPD (X) Delete
Name: DAVIS, HEIDI
Address: 3170 SHORELING DR
City-St-Zip: CLEARWATER, FL 33760

Title: SD (X) Delete
Name: LITTLE, BILL
Address: 3070 BRANCH DR
City-St-Zip: CLEARWATER, FL 33760

Title: PD (X) Delete
Name: RIEGEL, ROBERT
Address: 1945 PROMENADEV WAY
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARBONI, MIKE PD
Address: 1946 PROMENADE WAY
City-St-Zip: CLEARWATER, FL 33760

Title: STD (X) Change () Addition
Name: REEKFS, HOWARD STD
Address: 3064 OVERLOOK WAY
City-St-Zip: CLEARWATER, FL 33760 US

Title: D (X) Change () Addition
Name: RASHEEDE, ABDUL D
Address: 3064 SHORELINE DRIVE
City-St-Zip: CLEARWATER, FL 33760

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CARBONI

PD

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date