

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34636

FILED  
Feb 19, 2009  
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: PD ( ) Delete  
Name: CARBONI, MIKE PD  
Address: 1946 PROMENADE WAY  
City-St-Zip: CLEARWATER, FL 33760

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

Title: STD ( ) Delete  
Name: LITTLE, BILL  
Address: 3079 BRANCH DR  
City-St-Zip: CLEARWATER, FL 33760

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: RASHEEDE, ABDUL D  
Address: 3124 SHORELINE DRIVE  
City-St-Zip: CLEARWATER, FL 33760

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 CARBONIA

PD

02/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date