

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740352 (0)

1. Corporation Name

THE SEA BROOK PLACE CONDOMINIUM ASSOCIATION, INC



Principal Place of Business

Mailing Address

100 SEABREEZE CIR/JUPITER, FL/33477
P.O. BOX 4027
TEQUESTA FL 33469-6027

100 SEABREEZE CIR/JUPITER, FL/33477
P.O. BOX 4027
TEQUESTA FL 33469-6027

3. Date Incorporated or Qualified
10/06/1977

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1819665

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALTON, FRANK
123 SEABREEZE CIRCLE
STE 210
JUPITER FL 33477

~~Eric G. Peterson~~
~~154 Sims Creek Lane~~
~~Jupiter, FL 33477~~

81

Name

Timothy Looney

82

Street Address (P.O. Box Number is Not Acceptable)

129 Seabreeze Circle

83

84

City

Jupiter

FL

85

Zip Code

33477

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

Timothy J. Looney *Timothy J. Looney*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

4-5-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	ALTON, FRANK	123 SEABREEZE CIRCLE	JUPITER FL	<input checked="" type="checkbox"/>
VD	BLERTON, ED	219 SEABREEZE CIRCLE	JUPITER FL	<input checked="" type="checkbox"/>
T	BOMMELYN, AUGUST	132 SEABREEZE CR	JUPITER FL	<input checked="" type="checkbox"/>
SD	LAIRD, TANYA	161 SEABREEZE CIRCLE	JUPITER FL	<input checked="" type="checkbox"/>
D	TEREMBES, PAUL	102 SEABREEZE CIRCLE	JUPITER FL	<input checked="" type="checkbox"/>
D	HERING, GEORGE	286 SEABREEZE CIRCLE	JUPITER FL	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	Timothy Looney	128 Seabreeze Circle	Jupiter 33477	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Paul Terembes	102 Seabreeze Circle	Jupiter 33477	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Paul Terembes			<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Paul Terembes			<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Elizabeth Kline	106 Seabreeze Circle	Jupiter 33477	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Stetson Orchard	214 Seabreeze Circle	Jupiter 33477	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Timothy J. Looney *Timothy J. Looney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4-5-96

(407) 575-3493

Daytime Phone #

CR2E037 (12/95)