

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90096 026 ****61.25

DOCUMENT # 740352

1. Corporation Name

THE SEA BROOK PLACE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

10/06/1977

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

9. Name and Address of Current Registered Agent

LOONEY, TIMOTHY
129 SEABREEZE CIRCLE
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LOONEY, TIMOTHY
STREET ADDRESS 128 SEABREEZE CIRCLE
CITY-ST-ZIP JUPITER FL

TITLE D ☒ DELETE

NAME HERING, GEORGE
STREET ADDRESS 286 SEABREEZE CIR
CITY-ST-ZIP JUPITER FL

TITLE D ☒ DELETE

NAME CUOMO, JOHN
STREET ADDRESS 203 SEABREEZE CIR
CITY-ST-ZIP JUPITER FL 33477

TITLE TD ☐ DELETE

NAME TRAMONTANA, THOMAS
STREET ADDRESS 124 SEABREEZE CIR
CITY-ST-ZIP JUPITER FL

TITLE SD ☐ DELETE

NAME ROSS, SEAN
STREET ADDRESS 107 SEABREEZE CIR
CITY-ST-ZIP JUPITER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Samuel Long
236 Seabreeze Circle
Jupiter, FL 33477
Edward Pore
217 Seabreeze Circle
Jupiter, FL 33477

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECEIVED MARCH 99

Date

Daytime Phone #

561 743 1103

CR2E037 (1/98)

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