
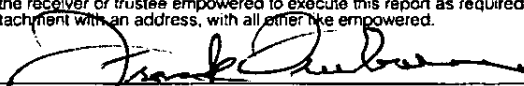


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

03-08-2004 90023 022 ****61.25

DOCUMENT # 740352 1. Entity Name THE SEA BROOK PLACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1930 COMMERCE LANE SUITE 1 JUPITER FL 33458			Mailing Address 1930 COMMERCE LANE SUITE 1 JUPITER FL 33458		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number Applied For 59-1819665 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				 MOORE CR2E037 (11/03)	
6. Name and Address of Current Registered Agent					
INGLIS, STEVE 1930 COMMERCE LANE SUITE 1 JUPITER FL 33458 <div style="text-align: right; font-size: 2em; font-family: cursive;">607</div>					
7. Name and Address of New Registered Agent					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BUICE, RONDA R 218 SEABREEZE CIR JUPITER FL 33477	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROACH, BARBARA 272 SEABREEZE CIR JUPITER FL 33477	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FREEBURN, FRANK 114 SEABREEZE CIR JUPITER FL 33477	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILLIAMS, DANIEL 262 SEABREEZE CIR JUPITER FL 33477	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLDMAN, WILLIAM 277 SEABREEZE CIR JUPITER FL 33477	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITE, JAN 130 SEABREEZE CIR JUPITER FL 33477	<input type="checkbox"/> Delete			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date _____ Daytime Phone # _____			Date _____ Daytime Phone # _____		