


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2005 8:00 am**  
**Secretary of State**

05-12-2005 90247 043 \*\*\*\*61.25

<b>DOCUMENT # 740352</b> 1. Entity Name <b>THE SEA BROOK PLACE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1930 COMMERCE LANE SUITE 1 JUPITER, FL 33458</b>			Mailing Address <b>1930 COMMERCE LANE SUITE 1 JUPITER, FL 33458</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1819665</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>INGLIS, STEVE 1930 COMMERCE LANE SUITE 1 JUPITER, FL 33458</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUICE, RONDA R		NAME	FREEBURN, FRANK	
STREET ADDRESS	218 SEABREEZE CIR		STREET ADDRESS	114 SEABREEZE CIRCLE	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROACH, BARBARA		NAME	SODERMAN, SHARON	
STREET ADDRESS	272 SEABREEZE CIR		STREET ADDRESS	220 SEABREEZE CIRCLE	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	JUPITER FL 33477	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREEBURN, FRANK		NAME	REID, NANCY	
STREET ADDRESS	114 SEABREEZE CIR		STREET ADDRESS	250 SEABREEZE CIRCLE	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	JUPITER FL 33477	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, DANIEL		NAME	COX, RUTH	
STREET ADDRESS	262 SEABREEZE CIR		STREET ADDRESS	147 SEABREEZE CIRCLE	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDMAN, WILLIAM		NAME	CAMPBELL, MARYANN	
STREET ADDRESS	277 SEABREEZE CIR		STREET ADDRESS	134 SEABREEZE CIRCLE	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, JAN		NAME	SCHUENING, JOYCE	
STREET ADDRESS	130 SEABREEZE CIR		STREET ADDRESS	248 SEABREEZE CIRCLE	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	JUPITER FL 33477	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.					
<b>SIGNATURE:</b> <i>Nancy Reid</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/28/05</b> Daytime Phone # <b>747-5731</b>		