


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90104 018 ****61.25

DOCUMENT # 728503 1. Entity Name SEA BREAKERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 305-307 HWY A1A SATELLITE BCH, FL 32937 US			Mailing Address 307 HIGHWAY A1A #7 SATELLITE BEACH, FL 32937 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1760519	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BEASLEY, LARRY 307 HIGHWAY A1A #7 SATELLITE BEACH FL, FL 32937				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	VPD SAVASTANO, DEAN 35 KINGS HWY. HAMPTON, NH 03842	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gene Smith 445 Red Sail Way Satellite Beach, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEASLEY, LARRY 307 HIGHWAY A1A #7 SATELLITE BCH, FL 32937	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D William Short 905 Versailles Circle Maitland, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANFORD, GRETCHEN 305 HWY A1A, UNIT 11 SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Christopher Krauchuk 5499 Baytown Place Orlando, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINWORTH, WILLIAM 305 HWY A1A, UNIT 14 SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUEST, LARRY 6443 PARSON BROWN ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEASLEY, MARY ANN 307 HIGHWAY A1A #7 SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Tony E. Beasley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2/1/2007 4079212219 <small>Date Daytime Phone #</small>	