
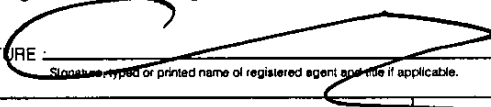
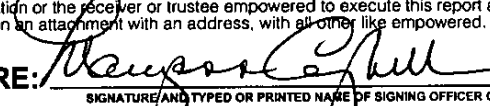


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90138 035 ****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 - No P.O. Box # 955 SE Federal Highway | | 3. Mailing Address 955 SE Federal Highway | | | |
| Suite, Apt. #, etc. Suite 202 | | Suite, Apt. #, etc. Suite 202 | | | |
| City & State Stuart Florida | | City & State Stuart Florida | | | |
| Zip 34994 | | Country USA | | Zip 34994 | |
| Country USA | | Country USA | | | |
| 6. Name and Address of Current Registered Agent INGLIS, STEVE 1930 COMMERCE LANE SUITE 1 JUPITER, FL 33458 | | | | 7. Name and Address of New Registered Agent Name Gary Fields, Esq Street Address (P.O. Box Number is Not Acceptable) 4400 PGA Blvd. Suite 900 City Palm Beach Gardens FL Zip Code 33410 | |
| 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:  (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 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 | D FREEBURN, FRANK 114 SEABREEZE CIRCLE JUPITER, FL 33477 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT Freeburn, Frank 114 Seabreeze Circle Jupiter, Florida 33477 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS SODERMAN, SHARON 220 SEABREEZE CIRCLE JUPITER, FL 33477 <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 DANIELS, LESLIE 242 SEABREEZE CIR JUPITER, FL 33478 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | OVP Daniels, Leslie 242 Seabreeze Circle Jupiter Florida 33477 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP COX, RUTH 147 SEABREEZE CIRCLE JUPITER, FL 33477 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Cox, Ruth 147 Seabreeze Circle Jupiter Florida 33477 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP CAMPBELL, MARY ANN 134 SEABREEZE CIRCLE JUPITER, FL 33477 <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 WHITE, JAY 130 SEABREEZE CIR JUPITER, FL 33477 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Frank DiNovi 175 Seabreeze Circle Jupiter, Florida 33477 <input type="checkbox"/> Change <input checked="" 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:  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date _____ Daytime Phone # _____ | | |