



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 728503</b>	
1. Entity Name <b>SEA BREAKERS CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>305-307 HWY A1A SATELLITE BCH, FL 32937 US</b>	Mailing Address <b>307 HIGHWAY A1A #7 SATELLITE BEACH, FL 32937 US</b>
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DO NOT WRITE IN THIS SPACE

  
 04092008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1760519</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**BEASLEY, LARRY  
307 HIGHWAY A1A  
#7  
SATELLITE BEACH FL, FL 32937**

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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 \_\_\_\_\_

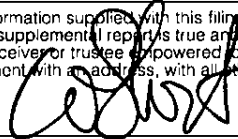
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000904289 05/01/08-80006-024 \$1.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SAVASTANO, DEAN 35 KINGS HWY. HAMPTON, NH 03842
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEASLEY, LARRY 307 HIGHWAY A1A #7 SATELLITE BCH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANFORD, GRETCHEN 305 HWY A1A, UNIT 11 SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINWORTH, WILLIAM 305 HWY A1A, UNIT 14 SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, GENE 445 RED SAIL WAY SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHORT, WILLIAM 905 VERSAILLES CIRCLE MAITLAND, FL 32751

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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:**  **4/09/08** **4079285695**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #