



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90251 020 \*\*\*\*61.25

<b>DOCUMENT # 740352</b>					
<b>1. Entity Name</b> THE SEA BROOK PLACE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 955 SE FEDERAL HIGHWAY SUITE 202 STUART, FL 34994			<b>Mailing Address</b> 955 SE FEDERAL HIGHWAY SUITE 202 STUART, FL 34994		
<b>2. Principal Place of Business - No P.O. Box #</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.			
<b>City &amp; State</b>  City      State		<b>City &amp; State</b>  City      State		04172008    Chg-NP      CR2E037 (12/06)	
<b>Zip</b>  Zip      Country		<b>Zip</b>  Zip      Country		<b>4. FEI Number</b> 59-1819665	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  FIELDS, GARY ESP. 4400 PGA BLVD. SUITE 900 PALM BEACH GARDENS, FL 33410			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City      FL      Zip Code		
<b>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.</b>					
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</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to:</b> Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DT</b> FREEBURN, FRANK 114 SEABREEZE CIRCLE JUPITER, FL 33477	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DV Mary Ann Campbell 134 Seabreeze Circle Jupiter FL 33477	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DS</b> SODERMAN, SHARON 220 SEABREEZE CIRCLE JUPITER, FL 33477	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DP Nancy Reid 250 Seabreeze Circle Jupiter FL 33477	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DV</b> DANIELS, LESLIE 242 SEABREEZE CIR JUPITER, FL 33478	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DT Pauline Nardin 171 Seabreeze Circle Jupiter FL 33477	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> COX, RUTH 147 SEABREEZE CIRCLE JUPITER, FL 33477	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D James Salari 274 Seabreeze Circle Jupiter FL 33477	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DP</b> CAMPBELL, MARY ANN 134 SEABREEZE CIRCLE JUPITER, FL 33477	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DS Ruth Cox 147 Seabreeze Circle Jupiter FL 33477	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> DINOVI, FRANK 175N SEABREEZE CIRCLE JUPITER, FL 33477	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					