

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740352

Entity Name: THE SEA BROOK PLACE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**909 SE CENTRAL PARKWAY
STUART, FL 34994**Current Mailing Address:**909 SE CENTRAL PARKWAY
STUART, FL 34994 US**FEI Number:** 59-1819665**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSS EARLE & BONAN, P.A.
789 S FEDERAL HWY., STE 101
STUART, FL 34994 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR
Name HOOPER, ANDY
Address 253 SEABREEZE CIR
City-State-Zip: JUPITER FL 33477

Title DIRECTOR
Name GAGE, BETO
Address 223 SEABREEZE CIRCLE
City-State-Zip: JUPITER FL 33477

Title SECRETARY
Name SOUTHERN, MARK
Address 280 SEABREEZE CIRCLE
City-State-Zip: JUPITER FL 33477

Title DIRECTOR
Name CAMPBELL, MARYANN
Address 134 SEABREEZE CIRCLE
City-State-Zip: JUPITER FL 33477

Title DIRECTOR
Name BERNING, BRIAN
Address 227 SEABREEZE CIRCLE
City-State-Zip: JUPITER FL 33477

Title VP
Name SODERMAN, SHARON
Address 220 SEABREEZE CIRCLE
City-State-Zip: JUPITER FL 33477

Title TREASURER
Name PEATT, WAYNE
Address 168 SEABREEZE CIRCLE
City-State-Zip: JUPITER FL 33477

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARYANN CAMPBELL**PRESIDENT****04/16/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date