

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740352

Entity Name: THE SEA BROOK PLACE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**941 SE CENTRAL PARKWAY
STUART, FL 34994**Current Mailing Address:**941 SE CENTRAL PARKWAY
STUART, FL 34994**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	TD
Name	HOOPER, ANDY
Address	253 SEABREEZE CIR
City-State-Zip:	JUPITER FL 33477

Title	VP
Name	BIANCHI, RALPH
Address	252 SEABREEZE CIRCLE
City-State-Zip:	JUPITER FL 33477

Title	D
Name	GIFFORD, RICHARD
Address	126 SEABREEZE CIR
City-State-Zip:	JUPITER FL 33477

Title	PRESIDENT
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

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: BETO GAGE**PRESIDENT****03/29/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date