

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000002751

**Entity Name:** SEA-LIFE HABITAT IMPROVEMENT PROJECT, INCORPORATED**Current Principal Place of Business:**785 SE ELWOOD AVENUE  
PORT SAINT LUCIE, FL 34983**Current Mailing Address:**PO BOX 2541  
FT. PIERCE, FL 34954 US**FEI Number: 27-2765693****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**PRICE, APRIL S  
867 SE STARFLOWER AVENUE  
PORT SAINT LUCIE, FL 34983 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           | P                    |
| Name            | BRADY, ANDREW A      |
| Address         | 2703-A NORTH A1A     |
| City-State-Zip: | FORT PIERCE FL 34949 |

|                 |                           |
|-----------------|---------------------------|
| Title           | SECRETARY                 |
| Name            | STEINBERGS, REINIS ANDRIS |
| Address         | 1938 6TH AVENUE           |
| City-State-Zip: | VERO BEACH FL 34962       |

|                 |                          |
|-----------------|--------------------------|
| Title           | DIRECTOR                 |
| Name            | DZADOVSKY, CHRISTOPHER P |
| Address         | 1002 JAMAICA AVENUE      |
| City-State-Zip: | FT. PIERCE FL 34982      |

|                 |                      |
|-----------------|----------------------|
| Title           | T                    |
| Name            | TILLMAN, VICTORIA L  |
| Address         | 435 WATERS DRIVE     |
| City-State-Zip: | FORT PIERCE FL 34946 |

|                 |                     |
|-----------------|---------------------|
| Title           | DIRECTOR            |
| Name            | JOHN, BURKE         |
| Address         | 4174 SE OAKLAND ST. |
| City-State-Zip: | PALM CITY FL 34997  |

*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: ANDREW BRADY****PRESIDENT****04/24/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date