

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005256

**FILED**  
**Feb 01, 2024**  
**Secretary of State**  
**0176704372CC**

**Entity Name:** SEACREST BEACH OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

SEA BREEZE ASSOCIATION MANAGEMENT  
2441 HWY 98 W 109  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

SEA BREEZE ASSOCIATION MANAGEMENT  
2441 HWY 98 W 109  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 59-3515540

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
348 S.W. MIRACLE STRIP PARKWAY  
SUITE 7  
FORT WALTON BEACH, FL 32548 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:** JAY ROBERTS

02/01/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D, VP  
Name DIEMER, TIM  
Address SEA BREEZE ASSOCIATION  
MANAGEMENT  
2441 HWY 98 W 109  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title TREASURER, DIRECTOR  
Name DENBO, HENRY  
Address SEA BREEZE ASSOCIATION  
MANAGEMENT  
2441 HWY 98 W 109  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR  
Name FRANKUM, SHERRIE  
Address SEA BREEZE ASSOCIATION  
MANAGEMENT  
2441 HWY 98 W 109  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title PRESIDENT  
Name BROCKMILLER, PAUL  
Address SEA BREEZE ASSOCIATION  
MANAGEMENT  
2441 HWY 98 W 109  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR  
Name CLARK, TERRY  
Address SEA BREEZE ASSOCIATION  
MANAGEMENT  
2441 HWY 98 W 109  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title BOARD MEMBER  
Name PLOTT, ROBERT  
Address 2441 US HWY 98 W  
SUITE 109  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title BOARD MEMBER  
Name HOLLOWELL, WILLIAM  
Address 2441 US HWY 98 W  
SUITE 109  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** PAUL BROCKMILLER

**PRESIDENT**

02/01/2024

Electronic Signature of Signing Officer/Director Detail

Date