

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N96000005256

Entity Name: SEACREST BEACH OWNERS' ASSOCIATION, INC.

FILED
Mar 15, 2024
Secretary of State
7641556312CC

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

03/15/2024

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

Title DIRECTOR
Name MCCUTCHON, ERIN
Address SEA BREEZE ASSOCIATION
MANAGEMENT
2441 HWY 98 W 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: ERIN MCCUTCHON

DIRECTOR

03/15/2024

