

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728503

FILED  
Feb 11, 2004  
Secretary of State

Entity Name: SEA BREAKERS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

305-307 HWY A1A  
SATELLITE BCH, FL 32937 US

**New Principal Place of Business:**

**Current Mailing Address:**

445 RD SAIL WAY  
SATELLITE BEACH, FL 32937 US

**New Mailing Address:**

FEI Number: 59-1760519

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, ROBERT G  
445 RED SAIL WAY  
SATELLITE BEACH FL, FL 32937 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SAVASTANO, DEAN  
Address: 35 KINGS HWY.  
City-St-Zip: HAMPTON, NH 03842

Title: PD ( ) Delete  
Name: SMITH, ROBERT G  
Address: 445 RED SAIL WAY  
City-St-Zip: SATELLITE BCH, FL 32937

Title: SD ( ) Delete  
Name: SANFORD, GRETCHEN  
Address: 305 HWY A1A, UNIT 11  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete  
Name: STEINWORTH, WILLIAM  
Address: 305 HWY A1A, UNIT 14  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: GUEST, LARRY  
Address: 6443 PARSON BROWN  
City-St-Zip: ORLANDO, FL 32819 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT G. SMITH

PRES

02/11/2004

Electronic Signature of Signing Officer or Director

Date