2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90251 020 ****61.25

DOCUMENT # 740352

1. Entity Name
THE SEA BROOK PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
955 SE FEDERAL HIGHWAY SUITE 202 STUART, FL 34994	955 SE FEDERAL HIGHWAY SUITE 202 STUART, FL 34994

04172008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1819665 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FIELDS, GARY ESP. 4400 PGA BLVD. SUITE 900 PALM BEACH GARDENS, FL 33410	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT FREEBURN, FRANK 114 SEABREEZE CIRCLE JUPITER, FL 33477	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Mary Ann Campbell 134 Seabreeze Circle Jupiter FL 33477	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SODERMAN, SHARON 220 SEABREEZE CIRCLE JUPITER, FL 33477	☒ Delete	TITLE DP / NAME / STREET ADDRESS / CITY-ST-ZIP	Nancy Reid 250 Seabreeze Circle Jupiter FL 33477	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DANIELS, LESLIE 242 SEABREEZE CIR JUPITER, FL 33478	☒ Delete	TITLE DT / NAME / STREET ADDRESS / CITY-ST-ZIP	Pauline Nardi 171 Seabreeze Circle Jupiter FL 33477	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COX, RUTH 147 SEABREEZE CIRCLE JUPITER, FL 33477	☐ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	James Solari 274 Seabreeze Circle Jupiter FL 33477	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CAMPBELL, MARY ANN 134 SEABREEZE CIRCLE JUPITER, FL 33477	☐ Delete	TITLE DS / NAME / STREET ADDRESS / CITY-ST-ZIP	Ruth Cox 147 Seabreeze Circle Jupiter FL 33477	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DINOVI, FRANK 175N SEABREEZE CIRCLE JUPITER, FL 33477	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy B Reid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #