

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90043 046 \*\*\*\*61.25

<b>DOCUMENT # 750802</b> 1. Entity Name <b>SEA SHORE ESTATES ASSOCIATION, INC.</b>					
Principal Place of Business <b>1923 HIGHWAY A1A BUILDING E INDIAN HARBOUR BEACH, FL 32937 US</b>			Mailing Address <b>1923 HWY A1A BUILDING E INDIAN HARBOUR BEACH, FL 32937 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
02082006 Chg-NP CR2E037 (11/05)			4. FEI Number <b>59-2081147</b>		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>DEVEREAUX, ALAN L 1923 HWY A1A, APT B3 INDIAN HARBOUR BEACH, FL 32937</b>			7. Name and Address of New Registered Agent Name <b>ROHRBAUGH, LYNN G.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1923 HWY A1A, B5</b> City <b>INDIAN HARBOUR BEACH</b> FL Zip Code <b>32937</b>		
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 <u><i>Lynn G. Rohrbach</i></u> <b>LYNN G. ROHRBAUGH</b> <u>2/8/06</u> DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P JONES, D ADAM 1923 HWY A1A, D5 SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROHRBAUGH, LYNN G 1923 HWY A1A, B5 INDIAN HARBOUR BEACH, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALDEN, KELLY 1923 HIGHWAY A1A, C-5 INDIAN HARBOUR BEACH, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VIMER, DAVID M. 1923 HWY A1A, B2 INDIAN HARBOUR BEACH, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEVEREAUX, ALAN L 1923 HWY A1A, B3 INDIAN HARBOUR BEACH, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MADPARK, ANTHONY C. 1923 HWY A1A, D4 INDIAN HARBOUR BEACH, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Lynn G. Rohrbach</i></u> <b>LYNN G. ROHRBAUGH</b> <u>2/8/06</u> (321) 777-3346					