

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90030 036 \*\*\*\*61.25

**DOCUMENT # 761019**

1. Entity Name

**SEABREEZE RESIDENTS' ASSOCIATION, INC.**

Principal Place of Business

3901 71ST STREET, W.  
 BRADENTON FL 34209  
 US

Mailing Address

3901 71ST STREET, W.  
 BRADENTON FL 34209  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2100324

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

*Carolyn Trowbridge, President*  
~~SHANER, DON~~  
 3901-71ST ST W LOT 78 80  
 BRADENTON FL 34209

Name *Carolyn J. Trowbridge*  
 Street Address (P.O. Box Number is Not Acceptable)  
*3901 71ST ST W #80*

City *BRADENTON*

FL

Zip Code *34209*

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.

SIGNATURE

*Carolyn J. Trowbridge (941) 761-8297*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)  
*CAROLYN J. Trowbridge*

*4-16-01*  
 DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME *P Carolyn Trowbridge*  
 STREET ADDRESS ~~SHANER, DON~~  
 CITY-ST-ZIP *3901-71ST ST W LOT 78 80*  
*BRADENTON FL 34209*

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME *VP*  
 STREET ADDRESS *NAGEL, GEORGE JR*  
 CITY-ST-ZIP *3901-71ST ST W #134*  
*BRADENTON FL 34209*

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME *D*  
 STREET ADDRESS *STONE, RAY*  
 CITY-ST-ZIP *3901-71ST ST W #185*  
*BRADENTON FL 34209*

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME *T*  
 STREET ADDRESS *LUNSFORD, HELEN*  
 CITY-ST-ZIP *3901-71ST ST W #54*  
*BRADENTON FL 34209*

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME *D*  
 STREET ADDRESS *WALLINGFORD, VERNON*  
 CITY-ST-ZIP *3901-71ST ST W LOT 71*  
*BRADENTON FL 34209*

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME *D*  
 STREET ADDRESS *KUIPER, BARB*  
 CITY-ST-ZIP *3901-71ST ST W #100*  
*BRADENTON FL 34209*

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-26-01*  
 Date

*941-795-5359*  
 Daytime Phone #

CR2E037 (10/00)