

2001 UNIFORM BUSINESS REPORT (UBR)

4/2/01

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-02-2001 90280 022 ****61.25

DOCUMENT # N00000004569

1. Entity Name

SEABREEZE AT ATLANTIC VIEW CONDOMINIUM ASSOCIATI

Principal Place of Business

Mailing Address

1401 SOUTH A1A, STE. 203
VERO BEACH FL 32963

1401 SOUTH A1A, STE. 203
VERO BEACH FL 32963

2. Principal Place of Business

3. Mailing Address

5049 N. A1A
Suite, Apt. #, etc.

28 N. Causeway Dr.
Suite, Apt. #, etc.
#3

City & State

City & State

Ft Pierce, FL

Ft Pierce, FL

Zip
34949

Country
USA

Zip
34946

Country
USA

4. FEI Number

65-1057-451

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

BLOCK, SAMUEL A ESQ.
979 BEACHLAND BLVD.
VERO BEACH FL 32963

Name: CRAIG MERRILL
Street Address (P.O. Box Number is Not Acceptable)
1105 12th St

ELLIOTT MERRILL COMMUNITY MGMT
Civ. Vero Beach FL Zip Code 32960

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

Craig Merrill
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/26/01
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 PD
NAME HENRIQUEZ, LEOPOLDO Delete
STREET ADDRESS 1401 SOUTH A1A, STE. 203
CITY-ST-ZIP VERO BEACH FL 32963

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME BELL, RONALD Delete
STREET ADDRESS 1401 SOUTH A1A, STE. 203
CITY-ST-ZIP VERO BEACH FL 32963

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME CALDWELL, SHELLY Delete
STREET ADDRESS 1401 SOUTH A1A, STE. 203
CITY-ST-ZIP VERO BEACH FL 32963

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Daniel B... REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01
Date

Daytime Phone #

CR2E037 (10/00)