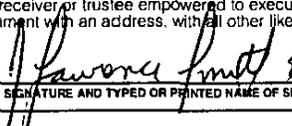


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90168 039 ****61.25

DOCUMENT # N00000004569					
1. Entity Name SEABREEZE AT ATLANTIC VIEW CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5049 N A1A FORT PIERCE, FL 34949			Mailing Address 835 20TH PLACE VERO BEACH, FL 32960		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MERRILL, CRAIG 835 20TH PLACE VERO BEACH, FL 32960				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005			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	SD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRANDELL, NANCY JO		NAME	Larry Smith	
STREET ADDRESS	5049 N A1A #1303		STREET ADDRESS	5049 N. A1A #1201	
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP	Fl. Pierce, FL 34949	
TITLE	ATD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZEIL, CHARLIE		NAME	John Bernier	
STREET ADDRESS	5049 N. A1A #302		STREET ADDRESS	5049 N. A1A #1004	
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP	Fl. Pierce, FL 34949	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NUNEZ, ANTHONY		NAME	Greg Eichert	
STREET ADDRESS	5049 N A1A # 1403		STREET ADDRESS	5049 N. A1A #1701	
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP	Fl. Pierce, FL 34949	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Acting Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, LINDA		NAME		
STREET ADDRESS	5049 N A1A #605		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATUL, VIC		NAME	Donna Manley	
STREET ADDRESS	5049 N A1A #705		STREET ADDRESS	5049 N. A1A #1603	
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP	Fl. Pierce, FL 34949	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL TEDESCO, CONNIE		NAME		
STREET ADDRESS	5049 N. A1A #1705		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34949		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)(f), 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: 		PRESIDENT J. LAWRENCE SMITH		4/20/2005 772-467-1224	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	