

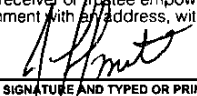


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90070 038 ****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	02022006 Chg-NP CR2E037 (11/05)	4. FEI Number 65-1057451
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) 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	PD	<input type="checkbox"/> Delete	TITLE	Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LARRY		NAME	greg Eichert	
STREET ADDRESS	5049 N A1A, #1201		STREET ADDRESS	5049 N A1A #1701	
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP	Ft. Pierce FL 34949	
TITLE	V BERNIER	<input type="checkbox"/> Delete	TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNIER, JOHN		NAME	Lisa Del Brocco	
STREET ADDRESS	5049 N A1A, #1004		STREET ADDRESS	5049 N A1A #1401	
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP	Ft Pierce FL 34949	
TITLE	D EICHART	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EICHART, GREG		NAME	TOM SMITH	
STREET ADDRESS	5049 N A1A, #1701		STREET ADDRESS	5049 N A1A #1905	
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP	FT. PIERCE, FL 34949	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input 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	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANLEY, DONNA		NAME		
STREET ADDRESS	5049 N A1A, #603		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP		
TITLE	D	<input checked="" 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 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: 			Date: 4/6/2006		Daytime Phone #: 772-467-1224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #