

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004569

FILED
Apr 13, 2011
Secretary of State

Entity Name: SEABREEZE AT ATLANTIC VIEW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5049 NORTH A1A
FORT PIERCE, FL 34949

New Principal Place of Business:

Current Mailing Address:

C/O ELLIOTT MERRILL COMMUNITY MGMT
835 20TH PLACE
VERO BEACH, FL 32960 US

New Mailing Address:

FEI Number: 65-1057451 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ELLIOTT MERRILL COMMUNITY MGMT
835 20TH PLACE
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SMITH, JAMES L III
Address: 5049 NORTH A1A #1201
City-St-Zip: FORT PIERCE, FL 34949 US

Title: VPD
Name: EDWARDS, LINDA
Address: 5049 NORTH A1A #605
City-St-Zip: FORT PIERCE, FL 34949 US

Title: TD
Name: NORTON, PAUL
Address: 5049 NORTH A1A #1101
City-St-Zip: FORT PIERCE, FL 34949 US

Title: SD
Name: ARNOLD, RICHARD
Address: 5049 NORTH A1A #1302
City-St-Zip: FORT PIERCE, FL 34949 US

Title: D
Name: HAMILTON, HELEN
Address: 5049 NORTH A1A #602
City-St-Zip: FORT PIERCE, FL 34949 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES L.SMITH III

PRES

04/13/2011

Electronic Signature of Signing Officer or Director

Date