

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90178 003 \*\*\*\*61.25

DOCUMENT # N00000004569



1. Entity Name  
**SEABREEZE AT ATLANTIC VIEW CONDOMINIUM ASSOCIATI  
ON, INC.**

Principal Place of Business Mailing Address  
**5049 N A1A FORT PIERCE FL 34949** **28 N. CAUSEWAY DR FORT PIERCE FL 34946**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**835 20th PL**

City & State City & State  
**VERO Beach, FL**

Zip Country Zip Country  
**32960 USA**

4. FEI Number **65-1057451** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**MERRILL, CRAIG**  
**1105 12TH ST**  
**ELLIOT MERRILL COMMUNITY MGMT**  
**VERO BEACH FL 32960**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**835 20th PL**  
City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Craig Merrill* DATE **3/28/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SVENSSON, BING	
STREET ADDRESS	5049 N A1A # 1401	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCAFFEE, VERN	
STREET ADDRESS	5049 N A1A # 1005	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NUNEZ, ANTHONY	
STREET ADDRESS	5049 N A1A # 1403	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNIE JO CRAWFORD	
STREET ADDRESS	5049 N A1A # 1303	
CITY-ST-ZIP	FT. PIERCE, FL 34949	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA EDWARDS	
STREET ADDRESS	5049 N. A1A #605	
CITY-ST-ZIP	FT. PIERCE, FL 34949	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIC MATUL	
STREET ADDRESS	5049 N. A1A #705	
CITY-ST-ZIP	FT. PIERCE, FL 34949	

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: *JOANNA MERRILL* DATE: **3/28/03**

CR2E037 (10/02)