

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

DOCUMENT # N01000003198

1. Entity Name

SEABIRD ISLAND HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

69 CIR DR
PORT ORANGE FL 32127

Mailing Address

69 CIR DR
PORT ORANGE FL 32127



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

02-0588360

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

FAUST, EDWARD
69 CIR DR
PORT ORANGE FL 32127

Name BREWSTER EVA

Street Address (P.O. Box Number is Not Acceptable)

ONE CIRCLE DRIVE

SEABIRD ISLAND PARK

City PORT ORANGE

FL

Zip Code 32127

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

Eva M. Brewster

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

(NOTE: Registered Agent signature required when reinstating)

April 7, 2006

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 DP
NAME FAHLBUSCH, RICHARD ☒ Delete
STREET ADDRESS 19 CIRCLE DRIVE
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE DV
NAME RADEMACHIR, FRAN ☐ Delete
STREET ADDRESS 3 CIR DR
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE D
NAME FAUST, EDWARD ☒ Delete
STREET ADDRESS 69 CIR DR
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE DVP
NAME FAHLBUSCH, RICHARD ☒ Delete
STREET ADDRESS 19 CIRCLE DR.
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE DT
NAME BRANDT, CONNIE ☒ Delete
STREET ADDRESS 12 CIRCLE DRIVE
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE DS
NAME BREWSTER, EVA ☐ Delete
STREET ADDRESS ONE CIRCLE DRIVE
CITY-ST-ZIP PORT ORANGE FL 32127

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Change ☒ Addition
NAME ZINN, GERALDINE
STREET ADDRESS 116 HARBOR POINT ST.
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE ~~BURKHARDT~~ DT ☐ Change ☒ Addition
NAME BURKHOLDER BEVERLY
STREET ADDRESS 64 CIRCLE DRIVE
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE D ☐ Change ☒ Addition
NAME SAVAGE, WOODROW
STREET ADDRESS 115 HARBOR POINT ST
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE D ☐ Change ☒ Addition
NAME DERX, JOHN
STREET ADDRESS 27 CIRCLE DRIVE
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE D ☐ Change ☒ Addition
NAME OZDARSKI, MARY ANN
STREET ADDRESS 41 CIRCLE DRIVE
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE D ☐ Change ☒ Addition
NAME SCHUTZ, JANET
STREET ADDRESS 68 CIRCLE DRIVE
CITY-ST-ZIP PORT ORANGE, FL 32127

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Eva M. Brewster* EVA BREWSTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 2006 386-304-5723

Date Daytime Phone #