2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002280

FILED Sep 12, 2005 Secretary of State

Entity Name: SEABREEZE FOREST OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1413 N HWY 395

SANTA ROSA BEACH, FL 32459

Current Mailing Address: New Mailing Address:

1413 N HWY 395

SANTA ROSA BEACH, FL 32459

FEI Number: 55-0800231 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUTLER, ALBERT 1413 N. HWY 395 BUTLER, ALBERT 1413 N. HWY 395

SEAGROVE BEACH, FL 32459 US SANTA ROSA BCH, FL 32459 US

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: ALBERT BUTLER 09/12/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: () Change () Addition

Name:BUTLER, ALBERTName:Address:1413 N HWY 395Address:

City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 BUTLER, VAN NESS JR
 Name:
 BUTLER, VAN NESS JR

 Address:
 1413 N HWY 395
 Address:
 200 BANFILL RD

City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: SANTA ROSA BEACH, FL 32459

 $\label{eq:title:sde} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{(X) Change () Addition}$

 Name:
 ROBERTS, JOAN G
 Name:
 ROBERTS, JOAN G

 Address:
 1413 N HWY 395
 Address:
 4100 E CO HWY 30A

City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ALBERT BUTLER PTD 09/12/2005