

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002280

FILED
Apr 17, 2009
Secretary of State

Entity Name: SEABREEZE FOREST OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1413 N HWY 395
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

1420 N HWY 395
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

1413 N HWY 395
SANTA ROSA BEACH, FL 32459

New Mailing Address:

1420 N HWY 395
SANTA ROSA BEACH, FL 32459

FEI Number: 55-0800231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, ALBERT
1413 N. HWY 395
SANTA ROSA BCH, FL 32459 US

Name and Address of New Registered Agent:

BUTLER, ALBERT
1420 N. HWY 395
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:

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BUTLER, ALBERT
Address: 1413 N HWY 395
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VD () Delete
Name: BUTLER, VAN NESS JR
Address: 200 BANFILL RD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: SD () Delete
Name: ROBERTS, JOAN G
Address: 4100 E CO HWY 30A
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: BUTLER, ALBERT
Address: 1420 N HWY 395
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 B BUTLER

PTD

04/17/2009

Electronic Signature of Signing Officer or Director

Date