

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000003444 1. Entity Name SEABREEZE HOA, INC.	
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Principal Place of Business 87425 OLD OVERSEAS HWY ISLAMORADA, FL 33036	Mailing Address C/O FRANKLIN D. GREENMAN, ESQ. 5800 OVERSEAS HWY #40 MARATHON, FL 33050
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01212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FRANKLIN D. GREENMAN, P.A. 5800 OVERSEAS HWY STE 40 MARATHON, FL 33050
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCAULIFF, PETE 87425 OLD HIGHWAY LOT 90 ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANNA, JOHN P O BOX 74 ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANNA, JACQUELINE P O BOX 74 ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/01/04-80027-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/04 305-855-5636