

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000003444

1. Entity Name
SEABREEZE HOA, INC.



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**



02102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FRANKLIN D. GREENMAN, P.A.
5800 OVERSEAS HWY STE 40
MARATHON, FL 33050**

**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, 2006**

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

1100000438183
02/28/06-80072-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R Hanna

Date

Daytime Phone #

2/10/06