

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003444

Entity Name: SEABREEZE HOA, INC.

FILED
Jun 09, 2009
Secretary of State

Current Principal Place of Business:

87425 OLD OVERSEAS HWY
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

C/O FRANKLIN D. GREENMAN, ESQ.
5800 OVERSEAS HWY #40
MARATHON, FL 33050

New Mailing Address:

87425 OLD OVERSEAS HWY, P.O. BOX 875
ISLAMORADA, FL 33036

FEI Number: 55-0787214 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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IULIANO, JOANNE
Address: 87425 OLD HIGHWAY LOT #4
City-St-Zip: ISLAMORADA, FL 33036

Title: VP () Delete
Name: PETERSON, RICK
Address: 87425 OLD HWY. LOT 3
City-St-Zip: ISLAMORADA, FL 33036

Title: S/T () Delete
Name: FAVALE, MICHAEL
Address: 87425 OLD HIGHWAY LOT 1
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: IULIANO, JOANNE
Address: 87425 OLD HIGHWAY LOT #4
City-St-Zip: ISLAMORADA, FL 33036

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: JO ANNE IULIANO

PRES

06/09/2009

Electronic Signature of Signing Officer or Director

Date