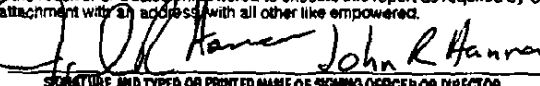


FILED
May 19, 2003 8:00 am
Secretary of State

04-25-2003 90240 011 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000003444			
1. Entity Name SEABREEZE HOA, INC.			
Principal Place of Business 87425 OLD OVERSEAS HWY ISLAMORADA, FL 33036		Mailing Address P O BOX 825 ISLAMORADA, FL 33036	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
MARATHON, FL		USA	
33050		33050	
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FRANKLIN D. GREENMAN, P.A. 6900 OVERSEAS HWY STE 40 MARATHON, FL 33050		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent's signature required when instituting)			
DATE _____			
FILE (NOW) FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D RELLAND, PIERRE P O BOX 1658 ISLAMORADA, FL 33036		P/D Pete McAuliffe 87425 Old Highway, Lot 90 Islamorada FL 33036	
D HANNA, JOHN P O BOX 74 ISLAMORADA, FL 33036			
D HANNA, JACQUELINE P O BOX 74 ISLAMORADA, FL 33036			
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: 		4/17/03 305)664-2321	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	