

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-26-2006 90218 048 ****61.21
N02000005925

DOCUMENT # N02000005925 1. Entity Name SEABREEZE ELEMENTARY P.T.O., INC.					
Principal Place of Business 1400 SEABREEZE AVENUE JACKSONVILLE, FL 32250				Mailing Address 1400 SEABREEZE AVENUE JACKSONVILLE, FL 32250	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 55-0788578				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARKE, MARGARET 1400 SEABREEZE AVE JACKSONVILLE BEACH, FL 32250				7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TILKA, BARBARA 3584 TRIDENT CT JACKSONVILLE BEACH, FL 32250 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLARKE, MARGARET 1077 SEABREEZE AVE JACKSONVILLE BEACH, FL 32250 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARWOOD, BETH 1063 THEODORE AVENUE JACKSONVILLE BEACH, FL 32250 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLINGSWORTH, VICKY 2525 ST. JOHNS BLVD. JACKSONVILLE BEACH, FL 32250 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STUCK, ANN 1098 PLANTATION OAKS DR W. JACKSONVILLE BEACH, FL 32250 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOYD, MELISSA 1372 N PLANTATION OAKS DR JACKSONVILLE BEACH, FL 32250 ☐ Change ☒ Addition	
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 all other like empowered.					
SIGNATURE: BARBARA TILKA 4-25-06 904-608-7995 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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