2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006692

FILED Apr 30, 2004 Secretary of State

Entity Name: SEA FOREST BEACH CLUB HOMEOWNERS ASSOCIATION, INC.

Current P	rincipal Place	of Business:	New Principal Place	of Business:
	AMAR PKY , FL 33025			
Current Mailing Address:		New Mailing Address:		
	AMAR PKY , FL 33025			
El Number	61-1455367	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
HOWELL.	DVID			
∕IIRAMAR Γhe above	AMAR PKY , FL 33025 named entity s	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
MIRAMAR The above n the State	AMAR PKY , FL 33025 named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
∕IIRAMAR Γhe above	AMAR PKY , FL 33025 named entity s of Florida. RE:	ubmits this statement for the p c Signature of Registered Age		ed office or registered agent, or both, Date
MIRAMAR The above n the State	AMAR PKY , FL 33025 named entity s of Florida. RE:	c Signature of Registered Age	ent	
MIRAMAR The above n the State	AMAR PKY , FL 33025 named entity set of Florida. RE: Electron S AND DIRECT	c Signature of Registered Age FORS: Delete CR PKY	ent	Date
MIRAMAR The above In the State SIGNATUR DFFICER: Vitte: Value: V	AMAR PKY , FL 33025 named entity s e of Florida. RE: Electron S AND DIRECT PD () HOWELL, DAVII 12002 MIRAMAI MIRAMAR, FL 3	c Signature of Registered Age FORS: Delete COR PKY 13025 Delete TR PKY	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID HOWELL MGR 04/30/2004