2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006692

FILED Apr 25, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

12002 MIRAMAR PKY 3527 PALM HARBOR BLVD MIRAMAR, FL 33025 PALM HARBOR, FL 34683

Current Mailing Address: New Mailing Address:

12002 MIRAMAR PKY P O BOX 1418

MIRAMAR, FL 33025 PALM HARBOR, FL 34682

FEI Number: 61-1455367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOWELL, DAVID

12002 MIRAMAR PKY

MIRAMAR, FL 33025

US

HANSON, JACK B

MELROSE MANAGEMENT GROUP

3527 PALM HARBOR BLVD

PALM HARBOR, FL 34682 US

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: JACK B HANSON 04/25/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition
Name: HOWELL, DAVID Name: JOHNSON, MARK
Address: 12002 MIRAMAR PKY Address: 255 PINE AVENUE NORTH

 Address:
 12002 MIRAMAR PKY
 Address:
 255 PINE AVENUE NORTH

 City-St-Zip:
 MIRAMAR, FL 33025
 City-St-Zip:
 OLDSMAR, FL 34677

Title: VD () Delete Title: VD (X) Change () Addition Name: BLACK, ROBERT Name: FONTANA, JOSEPH M

Address: 12002 MIRAMAR PKY
Address: 255 PINE AVENUE NORTH
City-St-Zip: MIRAMAR, FL 33025
City-St-Zip: OLDSMAR, FL 34677

Title: STD () Delete Title: STD (X) Change () Addition Name: CABRAL BELLA Name: SHARP, DONALD

Name:CABRAL, BELLAName:SHARP, DONALDAddress:12002 MIRAMAR PKYAddress:255 PINE AVENUE NORTHCity-St-Zip:MIRAMAR, FL 33025City-St-Zip:OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the 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: JACK B HANSON AGEN 04/25/2006