

534  
2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Apr 10, 2006 8:00 am  
Secretary of State

03-29-2006 90127 043 \*\*\*\*61.25

<b>DOCUMENT # N05000005025</b> 1. Entity Name <b>SEABREEZE COVE AT SWEETWATER BY DEL WEBB HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>5210 BELFORT ROAD, SUITE 400 JACKSONVILLE, FL 32256</b>			Mailing Address <b>5210 BELFORT ROAD, SUITE 400 JACKSONVILLE, FL 32256</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip                      Country		3. Mailing Address <b>6320 St. Augustine Rd</b> Suite, Apt. #, etc. <b>6B</b> City & State <b>Jacksonville, FL</b> Zip                      Country <b>32217                      Duval</b>			
4. FEI Number <b>051251083</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01182006    Chg-NP    CR2E037 (11/05)	
6. Name and Address of Current Registered Agent <b>STERLING FIN. &amp; MGMT., INC. 6320 ST. AUGUSTINE ROAD, SUITE 6B JACKSONVILLE, FL 32217</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GENOVESE, BILL 5210 BELFORT ROAD, SUITE 400 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Rick Couell 5210 Belfort Rd. Ste 400 Jacksonville, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE ST NAME STREET ADDRESS CITY-ST-ZIP	Vicki Bratvold <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>William Genove</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-23-06                      904-425-6447 <small>Date                      Daytime Phone #</small>		66009339