

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N07625</b> 1. Entity Name <b>SEAHORSE BEACH CONDOMINIUM ASSOCIATION, INC.</b>				 <b>FILED</b> 08 JUL 14 PM 1:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>C/O BREFFNI MANAGEMENT</b> <b>2800 OCEAN DRIVE, STE E</b> <b>VERO BEACH, FL 32963 US</b>		Mailing Address <b>C/O BREFFNI MANAGEMENT</b> <b>2800 OCEAN DRIVE, STE E</b> <b>VERO BEACH, FL 32963 US</b>			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>2925 Cardinal Drive</b> Suite, Apt. #, etc. <b>Suite D</b> City & State <b>VERO Beach FL</b> Zip <b>32963</b> Country <b>USA</b>			
City & State		City & State		4. FEI Number <b>59-2596467</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BREFFNI MANAGEMENT</b> <b>2800 OCEAN DRIVE</b> <b>SUITE E</b> <b>VERO BEACH, FL 32963</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For Not Applicable	
SIGNATURE <i>Patricia H. Enerney</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>7/6/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$297.50</b>				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	P <b>MC CRYSTAL, HUGH</b> <b>917 COQUINA LANE</b> <b>VERO BEACH, FL 32963</b>			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>NORRIS, CLIFF</b> <b>917 COQUINA</b> <b>VERO BEACH, FL 32963</b>			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>MC ENERNEY, PAT</b> <b>1012 POITRAS DRIVE</b> <b>VERO BEACH, FL 32963</b>			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RH			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RH			<input type="checkbox"/> Delete	
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.				000131810860 06/27/08--01025--002 **297.50	
SIGNATURE: <i>Patricia H. Enerney</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>6/6/08</b> DAYTIME PHONE # <b>77V 231-7804</b>	