

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33155** (5)

1. Corporation Name

SEA BREEZE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O JOHN B. BREWER
6904 SPENCER CIRCLE
TAMPA FL 33610

C/O JOHN B. BREWER
6904 SPENCER CIRCLE
TAMPA FL 33610-5616



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **4922 S. Melrose Ave.**

22 City & State

27 **Tampa, FL**

23 Zip

28 **33629**

24 Country

29 Country

3. Date Incorporated or Qualified
07/10/1989

3a. Date of Last Report
05/01/1996

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Joel W. Brewer

82 Street Address (P.O. Box Number is Not Acceptable)

4922 S. Melrose Ave

83

Tampa, FL 33629

84 City

FL

85 Zip Code
33629

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Joel W. Brewer**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **PD BREWER, JOHN B.**
STREET ADDRESS **6904 SPENCER CIRCLE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ DELETE

NAME **VD JACKSON, DOUG**
STREET ADDRESS **8870A WEST GULF BLVD.**
CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE ☒ DELETE

NAME **STD BREWER, ALICE O.**
STREET ADDRESS **6904 SPENCER CIRCLE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PD Brewer Joel W.**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **Tampa FL 336**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **VD Donald C. Anderson**
2.3 STREET ADDRESS **100 Catalan Blvd. N.E.**
2.4 CITY-ST-ZIP **St. Petersburg, FL 33704**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **STD Karla J. Brewer**
3.3 STREET ADDRESS **4922 S. Melrose Ave**
3.4 CITY-ST-ZIP **Tampa FL 33629**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Joel W. Brewer**

CR2E037 (9/96)