


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N40159 1. Entity Name ISLE OF PALMS/SEABREEZE PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 35502 BUTTS LANDING DADE CITY, FL 33526 US	Mailing Address 35502 BUTTS LANDING DADE CITY, FL 33526 US
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DO NOT WRITE IN THIS SPACE



04162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3159422	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TURNER, BEN R.
35502 BUTTS LANDING
DADE CITY, FL 33526**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

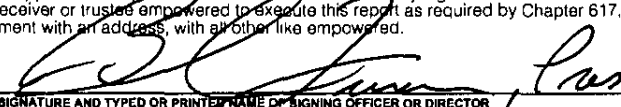
**U00000949459
06/03/08-80030-004 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ORR, SCOTT 5275 S. STETSON OINT DRIVE HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TURNER, BEN R. 35502 BUTTS LANDING DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, DERRIS L. 35502 BUTTS LANDING DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **5-408**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #