


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90071 024 \*\*\*\*61.25

<b>DOCUMENT # N41104</b>			
1. Entity Name SEASIDE HOMEOWNER'S ASSOCIATION OF BREVARD, INC.			
Principal Place of Business 4123 A1A HWY INDIANLANTIC, FL 32903 US		Mailing Address 140 WATERS EDGE LANE INDIANLANTIC, FL 32903 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  KOONTZ, WENDALL 185 WATER EDGE LANE INDIANLANTIC, FL 32903		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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: <i>Lucia B. Poza, President</i> DATE: <i>4/6/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		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	ST EASSA, SHIRLEY 155 WATERS EDGE LANE INDIANLANTIC, FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LUCIA B POZA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President 140 Waters Edge Lane INDIANLANTIC FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOONTZ, WENDELL 185 WATERS EDGE LANE INDIANLANTIC, FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Katie Beumgard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President 190 Waters Edge Lane INDIANLANTIC FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ECKERT, MARIE ANNA 175 WATERS EDGE LANE INDIANLANTIC, FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sarah Porter <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary/Treasurer 145 Waters Edge Lane INDIANLANTIC FL 32903
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 exemption stated in Section 119.07(3)(i), 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: <i>Lucia B. Poza, President</i>		DATE: <i>4/6/05</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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04062005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3049536 Applied For Not Applicable

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