

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90525 012 \*\*\*\*61.25

**DOCUMENT # N41104**

1. Entity Name

**SEASIDE HOMEOWNER'S ASSOCIATION OF BREVARD, INC.**



Principal Place of Business

**4123 A1A HWY  
INDIANLANTIC FL 32903  
US**

Mailing Address

**170 WATERS EDGE LANE  
INDIANLANTIC FL 32903  
US**

2. Principal Place of Business

3. Mailing Address

**140 WATERS Edge Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Indianlantic FL**

Zip

Country

Zip

Country

**32903**

**USA**

4. FEI Number **59-3049536**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POZZA, LUCIA  
170 WATERS EDGE LANE  
INDIANLANTIC FL 32903**

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

*Lucia Pozza President*

*1/10/03*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **DST** ☒ Delete  
NAME **STRAIGHT, J**  
STREET ADDRESS **170 WATERS EDGE LANE**  
CITY-ST-ZIP **INDIANLANTIC FL 32903**

TITLE **Shirley Eassa ST** ☒ Change ☐ Addition  
NAME **155 WATERS Edge Lane**  
STREET ADDRESS **INDIANLANTIC FL 32903**  
CITY-ST-ZIP

TITLE **DP** ☐ Delete  
NAME **POZZA, LUCIA**  
STREET ADDRESS **140 WATERS EDGE LA**  
CITY-ST-ZIP **INDIANLANTIC FL 32903**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DV** ☒ Delete  
NAME **BEAUREGARD, K**  
STREET ADDRESS **190 WATERS EDGE LANE**  
CITY-ST-ZIP **INDIANLANTIC FL 32903**

TITLE **Richard J. Fiorenza** ☒ Change ☐ Addition  
NAME **135 WATERS Edge Lane**  
STREET ADDRESS **INDIANLANTIC FL 32903**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Lucia Pozza President*

*1/10/03 (321) 777-3076*

CR2E037 (10/02)