


**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  
Suite, Apt. #, etc.

3. Mailing Address  
**140 WATERS Edgelane**

Suite, Apt. #, etc.

City & State  
**INDIANLANTIC FL**

City & State  
**INDIANLANTIC FL**

Zip  
**32903**

Country  
**USA**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**POZZA, LUCIA  
170 WATERS EDGE LANE  
INDIANLANTIC FL 32903**

7. Name and Address of New Registered Agent

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* DATE **1/10/03**

Signature, typed or printed name of registered agent and trust, if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST STRAIGHT, J 170 WATERS EDGE LANE INDIANLANTIC FL 32903</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP POZZA, LUCIA 140 WATERS EDGE LA INDIANLANTIC FL 32903</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV BEAUREGARD, K 190 WATERS EDGE LANE INDIANLANTIC FL 32903</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Shirley EASSA ST 155 WATERS Edge Lane INDIANLANTIC FL 32903</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Richard J. Fiorenza 135 WATERS Edgelane INDIANLANTIC FL 32903</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 titles empowered.

SIGNATURE: *Lucia Pozza President* DATE **1/10/03** (321) 777-3076

CR2E037 (10/02)