

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46079

FILED
Mar 14, 2007
Secretary of State

Entity Name: SEABRANCH BOULEVARD MASTER MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

8340 SE FAZIO DRIVE
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

8340 SE FAZIO DRIVE
HOBE SOUND, FL 33455

New Mailing Address:

FEI Number: 65-0303474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLE, WILLIAM
9021 LACREEK
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLE, WILLIAM
Address: 9021 LACREEK
City-St-Zip: HOBE SOUND, FL 33455

Title: SD () Delete
Name: VENTOSO, ALFONSO L
Address: 7837 SE BIG HORN DRIVE
City-St-Zip: HOBE SOUND, FL 33455

Title: VPD () Delete
Name: PICKARD, DONALD
Address: 7781 SE LUCIDA LANE
City-St-Zip: HOBE SOUND, FL 33455

Title: TD () Delete
Name: O'ROURKE, JOHN
Address: 5021 SE INKWOOD WAY
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM COLE

P

03/14/2007

Electronic Signature of Signing Officer or Director

Date