

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46079

**FILED**  
**Apr 13, 2011**  
**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:**

O'ROURKE, JOHN J  
5021 SE INKWOOD WAY  
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  
**Name:** COLE, WILLIAM  
**Address:** 9021 LACREEK  
**City-St-Zip:** HOBE SOUND, FL 33455

**Title:** VPD  
**Name:** O'ROURKE, JOHN J  
**Address:** 5021 SE INKWOOD WAY  
**City-St-Zip:** HOBE SOUND, FL 33455

**Title:** TD  
**Name:** SCHMIDT, WILLIAM M  
**Address:** 7741 SE DOUBLE TREE DRIVE  
**City-St-Zip:** HOBE SOUND, FL 33455

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIAM COLE

PRES

04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date