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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004737 (3)**

1. Corporation Name

THE SEABREEZE AT MELBOURNE BEACH HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

166 SEAVIEW ST.
MELBOURNE BEACH FL 32951

P.O. BOX 510644
MELBOURNE BEACH FL 32951
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

10/14/1993

05/01/1994

4. FEJ Number

59-3204616

Applied For

Not Applicable

5. Certificate of Status Desired

\$0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CASAROLA, CATHERINE
166 SEAVIEW ST.
MELBOURNE BEACH FL 32951

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Irene C. Gray

Irene C. GRAY

3-15-95

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CASAROLA, CATHERINE
STREET ADDRESS 166 SEAVIEW ST.
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE STD
NAME ALDRICH, ELLIOTT B JR.
STREET ADDRESS 218 SEAVIEW ST.
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE VD
NAME WARDRON, ROBERT
STREET ADDRESS 170 SEAVIEW ST.
CITY-ST-ZIP MELBOURNE FL 32951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE TD Change Addition
2.2 NAME CAJETAN LOGLISCI
2.3 STREET ADDRESS 174 Seaview ST
2.4 CITY-ST-ZIP Melbourne Beach, FL 32951

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE SD Change Addition
4.2 NAME IRENE C. GRAY
4.3 STREET ADDRESS 171 Seaview ST
4.4 CITY-ST-ZIP Melbourne Beach, FL 32951

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Irene C. Gray

Irene C. GRAY

3-15-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #