

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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
**166 SEAVIEW ST.
MELBOURNE BEACH FL 32951**

Mailing Address
**P.O. BOX 510644
MELBOURNE BEACH FL 32951
US**

3. Date Incorporated or Qualified
10/14/1993

3a. Date of Last Report
03/10/1995

4. FEI Number
59-3204616

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

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

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

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

81 Name **Irene C. GRAY**

82 Street Address (P.O. Box Number is Not Acceptable)
171 Seaview ST

83

84 City **Melbourne Beh** FL 85 Zip Code **32951**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Irene C. Gray* **IRENE C. GRAY SD**

Signature (typed or printed name of registered agent and the corporation) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CASAROLA, CATHERINE	
STREET ADDRESS	166 SEAVIEW ST.	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LOGLISCI, CAJETAN	
STREET ADDRESS	174 SEAVIEW ST	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WARDON, ROBERT	
STREET ADDRESS	170 SEAVIEW ST.	
CITY-ST-ZIP	MELBOURNE FL 32951	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GRAY, IRENE C.	
STREET ADDRESS	171 SEAVIEW ST	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Doreen Yandell	
1.3 STREET ADDRESS	231 Seaview ST	
1.4 CITY-ST-ZIP	Melbourne Beh, FL 32951	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Patricia Collins	
2.3 STREET ADDRESS	192 Seaview ST	
2.4 CITY-ST-ZIP	Melbourne Beach, FL. 32951	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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** **4-2-96** **723-8561**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)