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**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90010 012 \*\*\*\*61.25

0020603

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katharine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N93000004737**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/14/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3204616	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRAY, IRENE C 171 SEAVIEW ST MELBOURNE BCH FL 32951				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASAROLA, CATHERINE		1.2 NAME		
STREET ADDRESS	166 SEAVIEW ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BCH FL		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWDELL, ED		2.2 NAME		
STREET ADDRESS	235 SEAVIEW ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BCH FL		2.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAY, IRENE C.		3.2 NAME		
STREET ADDRESS	171 SEAVIEW ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH FL		3.4 CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SISLER, ANNE		4.2 NAME		
STREET ADDRESS	167 SEAVIEW ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BCH FL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	RONALD DEJAEGHERE	
STREET ADDRESS			5.3 STREET ADDRESS	183 Seaview ST	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Melbourne Bch, FL 32951	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	GAIL DOSCHER	
STREET ADDRESS			6.3 STREET ADDRESS	246 Seaview ST	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Melbourne Bch, FL 32951	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 29-99 723-8561  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)