

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90170 017 ****61.25

DOCUMENT # N93000004737

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3204616**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAY, IRENE C
 171 SEAVIEW ST
 MELBOURNE BCH FL 32951**

Name

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

City

FL

Zip Code

8. 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD WOLF, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS	211 SEAVIEW ST.	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE NAME	TD GRAY, IRENE C.	<input type="checkbox"/> Delete
STREET ADDRESS	171 SEAVIEW ST	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE NAME	VD DEJAEGHERE, RONALD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	183 SEAVIEW ST	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VD Dowdell, Edward	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	235 Seaview St	
CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Irene C Gray*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 321-723-8561
 Date Daytime Phone #

CR2E037 (9/01)