


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90024 039 *****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 Applied For

59-3204616 Not Applicable

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Irene C. Gray* DATE **2/2/04**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MARCANTE, FRANK	
STREET ADDRESS	226 SEAVIEW STREET	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRAY, IRENE C.	
STREET ADDRESS	171 SEAVIEW ST	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SANDOVAL, JANIE	
STREET ADDRESS	239 SEAVIEW STREET	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bilby, George	
STREET ADDRESS	179 Seaview Street	
CITY-ST-ZIP	Melbourne Beach, Florida 32951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Owne, Eric	
STREET ADDRESS	223 Seaview Street	
CITY-ST-ZIP	Melbourne Beach, Florida 32951	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Siemers, Doug	
STREET ADDRESS	227 Seaview Street	
CITY-ST-ZIP	Melbourne Beach, Florida 32951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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* **IRENE C. GRAY** **2/2/04** **321-723-8561**

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