


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

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



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3204616** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

1/3/05
 DATE

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME BILBY, GEORGE
 STREET ADDRESS 179 SEAVIEW STREET
 CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE TD
 NAME GRAY, IRENE C.
 STREET ADDRESS 171 SEAVIEW ST
 CITY-ST-ZIP MELBOURNE BEACH, FL

TITLE VD
 NAME OWNE, ERIC
 STREET ADDRESS 223 SEAVIEW STREET
 CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE SD
 NAME SIEMERS, DOUG
 STREET ADDRESS 227 SEAVIEW STREET
 CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

U00000173706
 01/07/05-80029-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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

1/3/05
 DATE

Daytime Phone #