2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000004737

1. Entity Name
THE SEABREEZE AT MELBOURNE BEACH
HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
171 SEAVIEW STREET	P.O. BOX 510644
MELBOURNE BEACH, FL 32951	MELBOURNE BEACH, FL 32951 US

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01162008   Chg-NP   CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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

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

SIGNATURE _____

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

Filing Fee is $61.25 Due by May 1, 2008	**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		**11.**		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD	☒ Delete	TITLE		☐ Change	☐ Addition
NAME	BILBY, GEORGE		NAME			
STREET ADDRESS	179 SEAVIEW STREET		STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP			
TITLE	TD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	GRAY, IRENE C.		NAME			
STREET ADDRESS	171 SEAVIEW ST		STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE BEACH, FL		CITY-ST-ZIP			
TITLE	VD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	OWNE, ERIC		NAME			
STREET ADDRESS	223 SEAVIEW STREET		STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP			
TITLE	PD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	SIEMERS, DOUG		NAME			
STREET ADDRESS	227 SEAVIEW STREET		STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	VD	☐ Change	☒ Addition
NAME			NAME	Joseph Ivison		
STREET ADDRESS			STREET ADDRESS	234 Seaview Street		
CITY-ST-ZIP			CITY-ST-ZIP	Melbourne Beach, Florida 32951		
TITLE		☐ Delete	TITLE	SD	☐ Change	☒ Addition
NAME			NAME	Sherie Masters		
STREET ADDRESS			STREET ADDRESS	175 Seaview Street		
CITY-ST-ZIP			CITY-ST-ZIP	Melbourne Beach, Florida 32951		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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_   1/16/08   321-723-8561

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