2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004737

City-St-Zip:

MELBOURNE BEACH, FL 32951

FILED Jan 15, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 171 SEAVIEW STREET MELBOURNE BEACH, FL 32951 **Current Mailing Address: New Mailing Address:** P.O. BOX 510644 MELBOURNE BEACH, FL 32951 US FEI Number: 59-3204616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRAY, IRENE C 171 SÉAVIEW ST MELBOURNE BCH, FL 32951 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GRAY, IRENE C. Name: Name: 171 SEAVIEW ST Address: Address: City-St-Zip: MELBOURNE BEACH, FL City-St-Zip: Title: VD Title: PD (X) Change () Addition () Delete OWNE, ERIC Name: ORNER, ROSEMARY Name: Address: 223 SEAVIEW STREET Address: 187 SEAVIEW STREET City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: MELBOURNE BEACH, FL 32951 Title: PD() Delete Title: VD (X) Change () Addition SIEMERS, DOUG SIEMERS, DOUG Name: Name: Address: 227 SEAVIEW STREET Address: 227 SEAVIEW STREET City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: MELBOURNE BEACH, FL 32951 (X) Change () Addition Title: VD () Delete Title: SD Name: IVISON, JOSEPH Name: MOBERG, SHANE 234 SEAVIEW ST Address: Address: 174 SEAVIEW ST City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: MELBOURNE BEACH, FL 32951 Title: SD () Delete Title: VD (X) Change () Addition MASTERS, SHERIE HAYCOX, PHYLLIS Name: Name: 175 SEAVIEW ST 163 SEAVIEW ST Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

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MELBOURNE BEACH, FL 32951

SIGNATURE: IRENE C. GRAY TD 01/15/2009