

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90045 030 ****61.25

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1. Entity Name

SEABREEZE OWNERS' ASSOCIATION, INC.



Principal Place of Business

404 SEABREEZE CIRCLE
PANAMA CITY BEACH FL 32413
US

Mailing Address

PO BOX 611488
ROSEMARY BEACH FL 32461-1004
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3324209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

GUSS, ROBERT
172 SEABREEZE COURT
PANAMA CITY BEACH FL 32413

7. Name and Address of New Registered Agent

Name **SWANSON, CYNTHIA**

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

City **SEACREST** FL Zip Code **32413**

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 Cynthia A. Swanson **CYNTHIA A. SWANSON TREAS./DIR.** **2-12-05**
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
Due By May 1, 2005

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	TD	<input checked="" type="checkbox"/> Delete
NAME	GUSS, ROBERT	
STREET ADDRESS	172 SEABREEZE COURT	
CITY-ST-ZIP	PANAMA CITY FL 32413	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, JAMES	
STREET ADDRESS	404 SEABREEZE CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL 32413	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HASBROUCK, KATHY	
STREET ADDRESS	292 SEABREEZE CIRCLE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HOUSEMAN, RUDY	
STREET ADDRESS	456 SEA BREEZE CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL 32413	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANSON, CYNTHIA	
STREET ADDRESS	128 SEABREEZE BLVD	
CITY-ST-ZIP	SEACREST FL 32413	
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		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM GREENE	
STREET ADDRESS	171 SEABREEZE BLVD	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413	
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: Cynthia A. Swanson **CYNTHIA A. SWANSON** **2-12-2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **850-399-0020**