

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90043 050 ****61.25

DOCUMENT # N94000003171					
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 205 SEABREEZE CIRCLE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State SEACREST FL		City & State		4. FEI Number 59-3324209	
Zip 32413		Country WALTON		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWANSON, CYNTHIA 128 SEABREEZE COURT SEACREST, FL 32413			7. Name and Address of New Registered Agent Name: <u>RON BAILEY</u> Street Address (P.O. Box Number is Not Acceptable): 205 SEABREEZE CIRCLE City: <u>SEACREST</u> <u>FL</u> Zip Code: <u>32413</u>		
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: <u>[Signature]</u> 01/24/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$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 TD NAME SWANSON, CYNTHIA STREET ADDRESS 128 SEABREEZE CITY-ST-ZIP SEACREST, FL 32413	<input type="checkbox"/> Delete		TITLE PD NAME RON BAILEY STREET ADDRESS 205 SEABREEZE CIRCLE CITY-ST-ZIP SEACREST FL 32413	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME JOHNSON, JAMES STREET ADDRESS 404 SEABREEZE CIRCLE CITY-ST-ZIP PANAMA CITY, FL 32413	<input checked="" type="checkbox"/> Delete		TITLE SD NAME WENDY DAVIS STREET ADDRESS 203 SEABREEZE BLVD. CITY-ST-ZIP SEACREST FL 32413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME HASBROUCK, KATHY STREET ADDRESS 292 SEABREEZE CIRCLE CITY-ST-ZIP PANAMA CITY BEACH, FL 32413	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME TOM GREENE STREET ADDRESS 530 SEABREEZE CIRCLE CITY-ST-ZIP SEACREST FL 32413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME GREENE, TOM STREET ADDRESS 171 SEABREEZE BLVD CITY-ST-ZIP PANAMA CITY, FL 32413	<input type="checkbox"/> Delete		TITLE MEMBER AT LARGE NAME JULIE WILCOX STREET ADDRESS 97 Seabreeze Circle CITY-ST-ZIP SEACREST FL 32413	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Cynthia Swanson</u> CYNTHIA SWANSON 1-24-06 850-231-4184 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					