

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000006283

1. Entity Name
GREATER SEABREEZE BUSINESS ASSOCIATION, INC.



Principal Place of Business
**623 N GRANDVIEW AVENUE
DAYTONA BEACH, FL 32118**

Mailing Address
**623 N GRANDVIEW AVENUE
DAYTONA BEACH, FL 32118**



04062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3414070

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ROST, SCOTT R
444 SEABREEZE BLVD SUITE 800
DAYTONA BEACH, FL 32118**

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000143009
04/30/04-80074-023 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
FRANK, SCOTT
SEABREEZE BLVD #303
DAYTONA BEACH, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
DESANTIS, ROSEMARY
100 SEABREEZE BLVD
DAYTONA BEACH, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DT
PHELAN, RAYMOND A CPA
623 N GRANDVIEW AVENUE
DAYTONA BEACH, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
TRACHTMAN, LYLE
529 SEABREEZE BLVD
DAYTONA BEACH, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04 (386)252-5556

Date

Daytime Phone #