

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90166 002 ****61.25

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

60032581



DO NOT WRITE IN THIS SPACE

01042008 No Chg-NP CR2E037 (4/06)

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

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HARKINS, DON
STREET ADDRESS	SEABREEZE BLVD #303
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	DS
NAME	CRONN, BARBARA
STREET ADDRESS	522 SEABREEZE BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	DT
NAME	PHELAN, RAYMOND A CPA
STREET ADDRESS	623 N GRANDVIEW AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	DV
NAME	BENDER, SHILOH
STREET ADDRESS	518 SEABREEZE BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
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 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08 (386) 252-6556
Date Daytime Phone #