

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006283

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** GREATER SEABREEZE BUSINESS ASSOCIATION, INC.

**Current Principal Place of Business:**

623 N GRANDVIEW AVENUE  
DAYTONA BEACH, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

623 N GRANDVIEW AVENUE  
DAYTONA BEACH, FL 32118

**New Mailing Address:**

**FEI Number:** 59-3414070

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

PHELAN, RAYMOND A  
623 N. GRANDVIEW AVENUE  
DAYTONA BEACH, FL 32118 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: RAYMOND A. PHELAN

01/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HARKINS, DON  
Address: SEABREEZE BLVD #303  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: DS ( ) Delete  
Name: CRONN, BARBARA  
Address: 522 SEABREEZE BLVD  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: DT ( ) Delete  
Name: PHELAN, RAYMOND A CPA  
Address: 623 N GRANDVIEW AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: DV ( ) Delete  
Name: BENDER, SHILOH  
Address: 518 SEABREEZE BLVD  
City-St-Zip: DAYTONA BEACH, FL 32118

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: RAYMOND A. PHELAN

DT

01/14/2009

Electronic Signature of Signing Officer or Director

Date