FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -3 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713743 (3)

1. Corporation Name

SEA BREEZE APARTSMENTS CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
240 N COLLIER BLVD MARCO ISLAND FL 33937	240 N COLLIER BLVD MARCO ISLAND FL 33937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1967
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1228366 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KNUDSON, KERRY
1151 BLUEBIRD AVE
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☐ Change ☐ Addition
NAME	KNUDSON, KERRY	12 NAME		
STREET ADDRESS	1151 BLUEBIRD AVE	13 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	VD	☒ Change ☐ Addition
NAME	NAYDUK, FRED	22 NAME		
STREET ADDRESS	RR 1 PERKINS FIELD	23 STREET ADDRESS		
CITY-ST-ZIP	TORONTO,ONT,CANDA	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	MILLONIG, PAUL	32 NAME		
STREET ADDRESS	10805 PINEWOOD DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	POTOMAC MD	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	RADEMACHER, DORTHY	42 NAME		
STREET ADDRESS	265 BENTON AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	WAYZATA MN	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	SAFFIOTI, THOMAS	52 NAME	John Licastro	
STREET ADDRESS	2100 BAY BLVD	53 STREET ADDRESS	1 North Drive	
CITY-ST-ZIP	LAVALETTE NJ	54 CITY-ST-ZIP	Plandome, NY 11030	
TITLE	VD	61 TITLE	D	☒ Change ☐ Addition
NAME	MIKELSON, PATRICIA	62 NAME		
STREET ADDRESS	961 COLLIER CT.	63 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kerry A. Knudson Kerry A. Knudson 2-24-95 813-394-7886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

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