


FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713743** (3)
1. Corporation Name
SEA BREEZE APARTMENTS CONDOMINIUM, INC.



Principal Place of Business 240 N COLLIER BLVD MARCO ISLAND FL 33937	Mailing Address 240 N COLLIER BLVD MARCO ISLAND FL 34145-3040
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3. Date Incorporated or Qualified 12/05/1967	3a. Date of Last Report 02/02/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-1228366	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Safe Harbor Management 82 Street Address (P.O. Box Number is Not Acceptable) Gaffney Hill Management 83 283 N. Collier Blvd. 84 City Marco Island FL 85 Zip Code 34145
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **4/25/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KNUDSON, KERRY 1151 BLUEBIRD AVE MARCO ISLAND FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	David Thayne
STREET ADDRESS		1.3 STREET ADDRESS	240 N. Collier, # D-5
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Marco, FL 34145
TITLE	VD NAYDUK, FRED RR 1 PERKINS FIELD TORONTO, ONT, CANADA	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Barry Garrett
STREET ADDRESS		2.3 STREET ADDRESS	240 N. Collier, # H-3
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Marco, FL 34145
TITLE	STD MILLONIG, PAUL 10805 PINEWOOD DRIVE POTOMAC MD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D RADEMACHER, DORTHY 265 BENTON AVE. WAYZATA MN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D LICASTRO, JOHN 1 NORTH DRIVE PLANDOME NY	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Tom Laffiat
STREET ADDRESS		5.3 STREET ADDRESS	8100 Bay Blvd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lavallette, N.J. 08735
TITLE	D NELLIS, JOHN 240 NORTH COLLIER BLVD. E-7 MARO ISLAND FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: Daytime Phone # **0080642**

CR2E037 (9/96)