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May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #  
1. Corporation Name

713743 (3)

SEA BREEZE APARTMENTS CONDOMINIUM, INC.

240 N COLLIER BLVD  
MARCO ISLAND FL 33937

240 N COLLIER BLVD  
MARCO ISLAND FL 33937

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date

4. FEI Number

Applied For  
Not Applicable

12/05/1997

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

59-1228366  
6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?  
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

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

SAFE HARBOR MANAGEMENT  
JEFFREY WILL MANAGER

240 N COLLIER BLVD

MARCO ISLAND FL 33937

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D THORNE, DAVID

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
240 N COLLIER #D-5  
MARCO ISLAND FL  
DVP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JARRETT, BARRY  
240 N COLLIER #H-3  
MARCO FL  
STD

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MILLONIG, PAUL  
10805 PINEWOOD DRIVE  
POTOMAC MD  
D

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
RADEMACHER, DORTHY  
265 BENTON AVE.  
WAYZATA MN  
D

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SAFFIATI, TOM  
2100 BAY BLVD  
LAVALLETTE NJ  
D

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
NELLIS, JOHN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
D LAWRENCE KELLEY  
19 MERRITT AVE.  
BRAINTREE, MA 02184

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
D FRED NAYDOK  
240 N. COLLIER, #B-1  
MARCO ISLAND, FL 34145

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 or on an attachment with an address.

SIGNATURE:

DAVID H. THORNE

CR2E037 (10/97)