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**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90037 049 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 713743**

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 33937**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/05/1967</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-1228366</b>	
22 City & State		27 City & State		Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	

**9. Name and Address of Current Registered Agent**

**SAFE HARBOR MANAGEMENT  
JEFFREY WILL MANAGER  
233 N COLLIER BLVD  
MARCO ISLAND FL 34145**

**10. Name and Address of New Registered Agent**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNE, DAVID	1.2 NAME	
STREET ADDRESS	240 N COLLIER #D-5	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARRETT, BARRY	2.2 NAME	
STREET ADDRESS	240 N COLLIER #H-3	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	DVPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, LAWRENCE	3.2 NAME	
STREET ADDRESS	19 MERRITT AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRAINTREE MA 02184	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAYDOK, FRED	4.2 NAME	
STREET ADDRESS	240 N COLLIER #B-1	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	NELLIS, JOHN
STREET ADDRESS		5.3 STREET ADDRESS	240 N. COLLIER BLVD. D-1
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	LOFANO, PETER
STREET ADDRESS		6.3 STREET ADDRESS	238 DOANE AVE.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	STATEN ISLAND, NY 10308

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 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 with all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**02/15/99 842-324-0117**

Date

Daytime Phone #

CR2E037 (1/98)