

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713743

1. Entity Name

SEA BREEZE APARTMENTS CONDOMINIUM, INC.

Principal Place of Business

247 NORTH COLLIER BLVD., SUITE 202
MARCO ISLAND FL 34145

Mailing Address

247 NORTH COLLIER BLVD., SUITE 202
MARCO ISLAND FL 34145-3015

2. Principal Place of Business

240 NORTH COLLIER

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1693

Suite, Apt. #, etc.

City & State

MARCO ISLAND, FL

City & State

MARCO ISLAND, FL

Zip

34145

Country

USA

Zip

34146

Country

USA

4. FEI Number

59-1228366

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, WILLIAM G
247 NORTH COLLIER BLVD., SUITE 202
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | THORNE, DAVID | |
| STREET ADDRESS | 240 N COLLIER #D-5 | |
| CITY-ST-ZIP | MARCO ISLAND FL | |
| TITLE | DVPT | <input type="checkbox"/> Delete |
| NAME | KELLEY, LAWRENCE | |
| STREET ADDRESS | 19 MERRITT AVE | |
| CITY-ST-ZIP | BRAINTREE MA 02184 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | NAYDOK, FRED | |
| STREET ADDRESS | 240 N COLLIER #B-1 | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NELLIS, JOHN | |
| STREET ADDRESS | 240 N. COLLIER BLVD. D-1 | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | LOFANO, PETER | |
| STREET ADDRESS | 238 DOANE AVE. | |
| CITY-ST-ZIP | STATEN ISLAND FL 10308 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NELLIS, JOHN | |
| STREET ADDRESS | 240 N COLLIER BLVD D1 | |
| CITY-ST-ZIP | MARCO ISLAND, FL 34145 | |
| TITLE | DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOFANO, PETER | |
| STREET ADDRESS | 274 S. HEATHWOOD DR | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | THOMAS SAFFIOTI | |
| STREET ADDRESS | 2100 BAY BLVD | |
| CITY-ST-ZIP | LAVALLETTE NJ 08735 | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID H. THORNE 01/30/00 941-394-0117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90126 027 ****61.25

LU640079



DO NOT WRITE IN THIS SPACE

CR2F037 (9/93)