

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90119 007 ****61.25

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
**PO BOX 1693
MARCO ISLAND FL 34146**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-1228366**

Applied For
Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
**GREUSEL, JAMIE B
1104 NORTH COLLIER BOULEVARD
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THORNE, DAVID		NAME	Jarrett, Barry	
STREET ADDRESS	240 N COLLIER #D-5		STREET ADDRESS	240 N. Collier Blvd # D4	
CITY-ST-ZIP	MARCO ISLAND FL		CITY-ST-ZIP	Marco Island, FL 34145	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, LAWRENCE		NAME	Kelly, Lawrence	
STREET ADDRESS	19 MERRITT AVE		STREET ADDRESS	19 Merritt Ave	
CITY-ST-ZIP	BRAINTREE MA 02184		CITY-ST-ZIP	Braintree, MA 02184	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELLIS, JOHN		NAME	Metzger, Joseph	
STREET ADDRESS	240 N. COLLIER BLVD. D-1		STREET ADDRESS	13 Kenneth Street	
CITY-ST-ZIP	MARCO ISLAND FL 34145		CITY-ST-ZIP	Portland, ME 04103	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAFFIOTI, THOMAS		NAME	Saffioti Thomas	
STREET ADDRESS	2100 BAY BLVD		STREET ADDRESS	2100 Bay Blvd	
CITY-ST-ZIP	LAVALLETTE NJ 08735		CITY-ST-ZIP	Lavallette NJ 08735	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	APPIARIUS, PATRICIA		NAME	Apparius, Patricia	
STREET ADDRESS	112 CEOARSHAKE CT		STREET ADDRESS	112 Ceoarshake Ct	
CITY-ST-ZIP	HUNTINGTON STATION NY 11746		CITY-ST-ZIP	Huntington Station, NY 11746	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Thomas Saffioti* **SIGNATURE REQUIRED**

3/20/03

CR2E037 (10/02)