FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **739346** **(5)**

1. Corporation Name
SEA BREEZE SUN & GOLF RESORT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
40 S1 VITZLE 2700 ATLANTIC AU #6 MELBOURNE BEACH FL 32951 US	C/O JIM ROSSI 432 RIO CASA SO INDIALANTIC FL 32903 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1977	3a. Date of Last Report: 06/02/1994
4. FEI Number: 59-1942353	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24	Zip 29
County 25	County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSSI, JAMES 432 RIO CASA SOUTH INDIALANTIC FL 32903	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(If changing registered agent, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☐ Change ☐ Addition
NAME	ROSGI, JAMES	12 NAME	JAMES ROSSI	
STREET ADDRESS	432 RIO CASA SO	13 STREET ADDRESS	TO CORRECT SPELLING	
CITY ST ZIP	INDIALANTIC FL	14 CITY ST ZIP		
TITLE	VPD	21 TITLE VPD	JAMES RENKEN	☒ Change ☐ Addition
NAME	TARZATO, VINCENT	22 NAME	2700 ATLANTIC AVE # 10	
STREET ADDRESS	2730 SOUTH A1A	23 STREET ADDRESS		
CITY ST ZIP	MELBOURNE BEACH FL	24 CITY ST ZIP	Melbourne Beach FL 32951	
TITLE	SD	31 TITLE	S.D T.D	☒ Change ☐ Addition
NAME	TRUTTIER, DONNIE	32 NAME	DANNA REDDINGTON	
STREET ADDRESS	633 TEAK RD	33 STREET ADDRESS	2700 ATLANTIC AVE # 19	
CITY ST ZIP	MELBOURNE FL	34 CITY ST ZIP	MELBOURNE BEACH FL 32951	
TITLE	TD	41 TITLE		☒ Change ☐ Addition
NAME	VITALE, SALVATORE	42 NAME	Remove	
STREET ADDRESS	2700 ATLANTIC AVE	43 STREET ADDRESS		
CITY ST ZIP	MELBOURNE BEACH FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further I 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: Danna E. Reddington DANNA E. REDDINGTON 4-28-95 407-727-1838 x 237
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0035309