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Feb 04, 1999 8:00am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 739346

1. Corporation Name

SEA BREEZE SUN &amp; GOLF RESORT ASSOCIATION, INC.

Principal Place of Business

40 S1 VITZLE  
2700 ATLANTIC AU #6  
MELBOURNE BEACH FL 32951  
US

Mailing Address

C/O JIM ROSSI  
432 RIO CASA SO  
INDIALANTIC FL 32903  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

3. Date Incorporated or Qualified

06/14/1977

4. FEI Number

59-1942353

Applied For  
Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

ROSSI, JAMES  
432 RIO CASA SOUTH  
INDIALANTIC FL 32903

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

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: *James V. Rossi* President

James V. Rossi

DATE: 1/16/99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ROSSI, JAMES  
STREET ADDRESS 432 RIO CASA SO  
CITY-ST-ZIP INDIALANTIC FL ☐ DELETETITLE VPD  
NAME RENKEN, JAMES  
STREET ADDRESS 2700 ATLANTIC AVE, STE 10  
CITY-ST-ZIP MELBOURNE BEACH FL ☐ DELETETITLE SDTD  
NAME VITALE, SAL  
STREET ADDRESS 2700 ATLANTIC ST #6  
CITY-ST-ZIP MELBOURNE BCH FL ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
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 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: X

SIGNATURE: *James V. Rossi*

Date

1/16/99

Daytime Phone #

CR2E037 (1/98)