

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **739346**

1. Entity Name

SEA BREEZE SUN & GOLF RESORT ASSOCIATION, INC.**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91324 004 *****70.00

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

2. Principal Place of Business	3. Mailing Address
S. VITALE	S. VITALE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
2700 ATLANTIC ST #6	2700 ATLANTIC ST #6
City & State	City & State
MELBOURNE BEACH FL	MELBOURNE BEACH
Zip	Zip
32951	32951
Country	Country
U.S.	U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1942353	Applied For
		Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VITALE, SALVATORE 2700 ATLANTIC ST #6 MELBOURNE BEACH FL 32951	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 SALVATORE VITALE 2/26/01
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD ROSSI, JAMES 432 RIO CASA SO INDIALANTIC FL	P.D ROSSI JAMES 24 MARINA ISLES BLVD INDIAN HARBOUR BEACH FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
VPD RENKEN, JAMES 2700 ATLANTIC AVE, STE 10 MELBOURNE BEACH FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
SDTD VITALE, SAL 2700 ATLANTIC ST #6 MELBOURNE BCH FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS 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: SALVATORE VITALE 2/26/01 3217252104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)