2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State
05-23-2000 90213 001 ****61.25

DOCUMENT # 756988

1. Entity Name

SEABREEZE CONDOMINIUM ON ANNA MARIA ISLAND OWNER

Principal Place of Business	Mailing Address
~~5201 GULF DR~~ ~~3048 AVENUE C~~ ~~HOLMES BEACH FL 34217-1730~~ US	~~5201 GULF DR~~ ~~3048 AVENUE C~~ ~~HOLMES BEACH FL 34217-2126~~ US

NEW ADDRESS NEW ADDRESS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SEABREEZE	SEABREEZE
Suite, Apt. #, etc.: 403 39th ST	Suite, Apt. #, etc.: 403 39th ST
City & State: HOLMES BEACH, FL	City & State: HOLMES BEACH, FL
Zip: 34217 Country: USA	Zip: 34217 Country: USA

4. FEI Number 65-0041401 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VANDE VREDE, DAVID 5201 GULF DR HOLMES BEACH FL 34217	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ANNIS, MARTIN 403B 39TH ST HOLMES BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEFEEK, LORI 6510 WEDGEWOOD CHASE SWANEE GA 30174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV TOUCHETTE, PAT 403 39TH ST #3 HOLMES BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: /s/ SIGNATURE MARTIN ANNIS PRES 4/16/00 941 778-4560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #