

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

02-12-2002 90104 019 ****61.25

DOCUMENT # 756988

1. Entity Name

**SEABREEZE CONDOMINIUM ON ANNA MARIA ISLAND OWNER
 S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**403 39 STREET
 HOLMES BEACH FL 34217-1730
 US**

**403 39 STREET
 HOLMES BEACH FL 34217-1730
 US**

2. Principal Place of Business

403 39th Street

3. Mailing Address

Mary Hinkers

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2517 N. 84th

City & State

Holmes Beach FL

City & State

Wauwatosa, WI

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

Name

MARTIN W. ANNIS

Street Address (P.O. Box Number is Not Acceptable)

507 69th St.

HOLMES BEACH, FL 34217

City

FL

Zip Code

34217

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

MARTIN W. ANNIS

1/19/02

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	☒ Delete
NAME	ANNIS, MARTIN	
STREET ADDRESS	403B 39TH ST	
CITY-ST-ZIP	HOLMES BCH FL	
TITLE	D	☒ Delete
NAME	SEFECK, LORI	
STREET ADDRESS	6510 WEDGEWOOD CHASE	
CITY-ST-ZIP	SWANEE GA 30174	
TITLE	DV	☒ Delete
NAME	TOUCHETTE, PAT	
STREET ADDRESS	403 39TH ST. #3	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	Daniel Ofeiler	
STREET ADDRESS	1166 N 10303 Calico Ln.	
CITY-ST-ZIP	Gettysburg, WI 53022	
TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	Touchette, Mary	
STREET ADDRESS	WYS RTE 28 P.O. Box 805 D	
CITY-ST-ZIP	20th Ave, WI 12847-0205	
TITLE	SECRETARY	☒ Change ☐ Addition
NAME	Pamela Houbeck	
STREET ADDRESS	12435 Redwood Dr.	
CITY-ST-ZIP	Brookfield, WI 53045	
TITLE	TREASURER	☒ Change ☐ Addition
NAME	Mary Hinkers	
STREET ADDRESS	2517 N. 84th	
CITY-ST-ZIP	Wauwatosa, WI 53213	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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)(f), 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:

Suzanne A. O'Neil

1/19/02

262-781-1665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)