2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# 756988

Entity Name: SEABREEZE CONDOMINIUM ON ANNA MARIA ISLAND OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

403 39 STREET
HOLMES BEACH, FL 342171730 US

New Principal Place of Business:

Current Mailing Address:

MARY HINHERS
2517 N 84TH STREET
WAUWATOSA, WI 53226 US

New Mailing Address:

FEI Number: 65-0041401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANNIS, MARTIN W
507 69TH STREET
HOLMES BEACH, FL 34217 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PFEIFER, DANIEL
Address: W166 N 10303 CALICO LN
City-St-Zip: GERMANTOWN, WI 53022

Title: VPD ( ) Delete
Name: TOUCHETTE, DARCY
Address: NYS RTE 28, PO BOX 205
City-St-Zip: LONG LAKE, NY 128470205

Title: SD ( ) Delete
Name: KOUTECKY, PAMELA
Address: 17435 REDVERE DR
City-St-Zip: BROOKFIELD, WI 53045

Title: TD ( ) Delete
Name: HINNERS, MARY
Address: 2517 N 84TH
City-St-Zip: WAUWATOSA, WI 53226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY HINNERS TD 01/06/2004

Electronic Signature of Signing Officer or Director — Date