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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:42

DOCUMENT # **757682** **(0)**

1. Corporation Name

SEA BREEZE OF MADEIRA CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
% TOTAL REALTY SVC 13030 GULF BLVD MADEIRA BEACH FL 33708 US	% TOTAL REALTY SVC 13030 GULF BLVD MADEIRA BEACH FL 33708 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1981
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-2249847 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

TOTAL REALTY SVC INC
13030 GULF BLVD
MADEIRA BEACH FL 33708

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 607.0502 and 607.1509, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	D	☐ Change ☑ Addition
NAME	DE BOER, TOM	1.2 NAME	TOM GRABLE	
STREET ADDRESS	714 WASHINGTON ROAD	1.3 STREET ADDRESS	857 TAM O'SHANTER CIRCE	
CITY-ST-ZIP	GROSSE POINTE MI	1.4 CITY-ST-ZIP	BOLING BROOK, IL 60440-1123	
TITLE	VP	2.1 TITLE	D	☐ Change ☑ Addition
NAME	GONZALEZ, ED	2.2 NAME	FRANK VAN HULLENAAR	
STREET ADDRESS	5108 PURITAN ROAD	2.3 STREET ADDRESS	33 DOUGLAS ROAD	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	ANCASTER, ONT L9G 2B2	
TITLE	T	3.1 TITLE	T	☐ Change ☑ Addition
NAME	WIESE, BILL	3.2 NAME	JOE PLAZZA	
STREET ADDRESS	710 BLAND WAY	3.3 STREET ADDRESS	18015 APIAN WAY	
CITY-ST-ZIP	MADEIRA BCH FL	3.4 CITY-ST-ZIP	LUTZ FL 33549	
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	SHONTILL, DEBORAH	4.2 NAME		
STREET ADDRESS	14720 BREWSTER DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP		
TITLE	D S	5.1 TITLE		☐ Change ☐ Addition
NAME	HATFIELD, GLENDA	5.2 NAME		
STREET ADDRESS	70 SKEES RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	BIG CLEFTY KY	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	KLEIN-HORSMAN, ED	6.2 NAME		
STREET ADDRESS	18053 7TH CONCESSION RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR VALLEY ON	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Thomas A Grable 3-28-95 813-393-2534
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas A. Grable

0018448