

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
04/22/1981

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOTAL REALTY SVC INC
13030 GULF BLVD
MADEIRA BEACH FL 33708**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P DE BOER, TOM**
STREET ADDRESS **714 WASHINGTON ROAD**
CITY-ST-ZIP **GROSSE POINTE MI**

TITLE ☐ DELETE

NAME **VP GONZALEZ, ED**
STREET ADDRESS **5108 PURITAN ROAD**
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ DELETE

NAME **T WIESE, BILL**
STREET ADDRESS **710 BLAND WAY**
CITY-ST-ZIP **MADEIRA BCH FL**

TITLE ☒ DELETE

NAME **S SHORTILL, DEBORAH**
STREET ADDRESS **14728 BREWSTER DR**
CITY-ST-ZIP **LARGO FL**

TITLE ☐ DELETE

NAME **D HATFIELD, GLENDA**
STREET ADDRESS **70 SKEES RD**
CITY-ST-ZIP **BIG CLEFTY KY**

TITLE ☐ DELETE

NAME **D KLEIN-HORSMAN, ED**
STREET ADDRESS **18053 7TH CONCESSION RD**
CITY-ST-ZIP **CEDAR VALLEY ON**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

NAME **Treasurer**
STREET ADDRESS **See Plaza**
CITY-ST-ZIP **18905 Apian Way**
Lutz, FL 33549

21 TITLE ☐ Change ☒ Addition

NAME **Director**
STREET ADDRESS **William Alexander**
CITY-ST-ZIP **10910 Juniperus A.**
Tampa, FL 33618

31 TITLE ☐ Change ☒ Addition

NAME **Director**
STREET ADDRESS **Frank van Hullenaae**
CITY-ST-ZIP **33 Douglas Rd.**
Ancaster, Ontario L9G 2E2

41 TITLE ☐ Change ☒ Addition

NAME **Director**
STREET ADDRESS **Samuel Haydis**
CITY-ST-ZIP **335 Fern Cliff Ave.**
Temple Terrace, FL 33617

51 TITLE ☒ Change ☐ Addition

NAME **Secretary**
STREET ADDRESS **Glenda Hatfield**
CITY-ST-ZIP **70 SKEES RD.**
Big Clefty, KY 42712

61 TITLE ☐ Change ☒ Addition

NAME **Director**
STREET ADDRESS **Janice Haydis**
CITY-ST-ZIP **335 Fern Cliff Ave.**
Temple Terrace, FL 33617

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)