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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 33708-2639 US

3. Date Incorporated or Qualified: 04/22/1981
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
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**

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 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 _____ 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	☐ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	DE BOER, TOM		1.2 NAME	FRANK VAN HULLENAAR	
STREET ADDRESS	714 WASHINGTON ROAD		1.3 STREET ADDRESS	32 DOUGLAS RD	
CITY-ST-ZIP	GROSSE POINTE MI		1.4 CITY-ST-ZIP	ANCASTER ONTARIO L9G 2E2 CANADA	
TITLE	VP	☐ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	GONZALEZ, ED		2.2 NAME	SAMUEL HAYDIS	
STREET ADDRESS	5108 PURITAN ROAD		2.3 STREET ADDRESS	335 FERN CLIFF AVE	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	T	☐ DELETE	3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	PLAZA, JOE		3.2 NAME	JANICE HAYDIS	
STREET ADDRESS	18905 APIAN WAY		3.3 STREET ADDRESS	335 FERN CLIFF AVE	
CITY-ST-ZIP	LUTZ FL		3.4 CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALEXANDER, WILLIAM		4.2 NAME		
STREET ADDRESS	10910 JUNIPERUS A		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	☐ DELETE	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		

CR2E037 (9/96)

14. I do 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 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: Tom De Boer REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0060470