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Secretary of State

04-22-1999 90198 006 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 757682					
1. Corporation Name SEA BREEZE OF MADEIRA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % TOTAL REALTY SVC 13030 GULF BLVD MADEIRA BEACH FL 33708 US			Mailing Address % TOTAL REALTY SVC 13030 GULF BLVD MADEIRA BEACH FL 33708 US		



2. Principal Place of Business 21 CONDOMINIUM ASSOCIATES Suite, Apt. #, etc. SUITE 260 3001 EXECUTIVE DR City & State CLEARWATER FL Zip 33762 Country U		2a. Mailing Address 26 CONDOMINIUM ASSOCIATES Suite, Apt. #, etc. SUITE 260 3001 EXECUTIVE DR City & State CLEARWATER FL Zip 33762 Country USA		3. Date Incorporated or Qualified 04/22/1981	
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					

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 CONDOMINIUM ASSOCIATES 82 Street Address (P.O. Box Number is Not Acceptable) 3001 EXECUTIVE DR 83 SUITE 260 84 City CLEARWATER FL 85 Zip Code 33762			
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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 *By [Signature] of Condominium Associates, Vice President* *CENG A. CROWELL* *4-9-99*
Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ☐ DELETE NAME D HAYDIS, SAMUEL & JANIC STREET ADDRESS 335 FERN CLIFF AVE CITY-ST-ZIP TAMPA TERRACE FL	1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	2.1 TITLE ☐ Change ☒ Addition 2.2 NAME ROTONDO, JENNIFER 2.3 STREET ADDRESS 13500 GULF BLVD # 704 2.4 CITY-ST-ZIP MADEIRA BEACH, FL. 33708	
TITLE ☒ DELETE NAME GONZALEZ ED STREET ADDRESS 5108 PURITAN ROAD CITY-ST-ZIP TAMPA FL	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME PLAZA, JOE 3.3 STREET ADDRESS 18905 APIAN WAY 3.4 CITY-ST-ZIP LUTZ FL 33549	4.1 TITLE ☒ Change ☐ Addition 4.2 NAME ALEXANDER, WILLIAM 4.3 STREET ADDRESS 10910 JUNIPERUS AVE 4.4 CITY-ST-ZIP TAMPA FL 33618	
TITLE ☐ DELETE NAME VP STREET ADDRESS ALEXANDER, WILLIAM CITY-ST-ZIP 10910 JUNIPERUS AVE TAMPA FL	5.1 TITLE ☒ Change ☐ Addition 5.2 NAME HATFIELD, GLENDA 5.3 STREET ADDRESS 70 SKEES RD 5.4 CITY-ST-ZIP BIG CLEFTY KY 42712	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME HATFIELD, GLENDA STREET ADDRESS 70 SKEES RD CITY-ST-ZIP BIG CLEFTY KY			
TITLE ☐ DELETE NAME D KLEMM, CRAIG STREET ADDRESS 3015 RAYCRAFT RD CITY-ST-ZIP WOODSTOCK IL			

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99
Date

Daytime Phone #

CR2E037 (11/98)