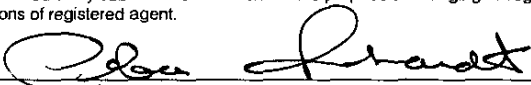
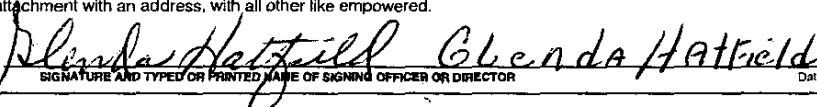


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90322 010 ****61.25

DOCUMENT # 757682 1. Entity Name SEA-BREEZE OF MADEIRA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 13500 GULF BLVD MADIERA BEACH, FL US			Mailing Address RESOURCE PROPERTY MGMT 7300 PARK ST SEMINOLE, FL 33777 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2249847	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RENHUAT, DEBRA RESOURCE PROPERTY MGMT 7300 PARK ST SEMINOLE, FL 33777				7. Name and Address of New Registered Agent Name Reinhardt, Debra Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.			DATE 4/19/04 (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYDIS, SAMUAL 335 FERN CLIFF AVE TEMPLE TERRACE, FL 33617 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mott, John 16877 Driftwood Dr Macomb Township, MI 48042 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DELL, CLIFF 1309 N RIVERHILLS DR TEMPLE TERRACE, FL 33617 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HATFIELD, GLENDA 70 SKEES RD BIG CLIFTY, KY 42712 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KLEMME, CRAIG 3015 RAYCRAFT RD WOODSTOCK, IL 60098 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STARKEY, DON 496 AUBURN WOODS CT PALATINE, IL 60067 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Glenda Hatfield 4/3/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

24046041



01192004 Chg-NP CR2E037 (10/03)

\$8.75 Additional
Fee Required