2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757682

SEA BREEZE OF MADEIRA CONDOMINIUM ASSOCIATION, I



04-07-2003 90991 047 ****61.25

FILED

Apr 07, 2003 8:00 am Secretary of State

1. Entity Name

NC.				1115				
Principal Plac 2181 INDIAN R SUITE #1 LARGO FL 337 US		Mailing Address 2181 INDIAN ROCKS ROAD SUITE #1 LARGO FL 33774 US			1 1 48 1111 1 488 1 8 1	1111 1 1811 1 1181 1 1 110 1181 1	1811 B1811 B1811 B1811 B1	
2. Principal F	Place of Business Blud	3. Mattling Address RSOUCE	operty n	ngat			1811 B1011 B1011 B1811 B18	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Street		X	CHECK HERE IF MA	AKING CHANGES	
City & Stat		Sity & State Seminole	FL		4. FEI Number 5	9-2249847	 	plied For t Applicable
3	Country	33177	Country		5. Certificate of Si	tatus Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current F	legistered Agent			7. Name and Add	Iress of New Regist	tered Agent	
MCCONN	IELL, NICOLE		Namé	De dress (B		hoot		
2181 IND SUITE #1	Street Address (P.O. Box Number is Not Acceptable)							
LARGO F	City	130	<u>s 4971</u>	5 Street	FL ^{Zip} ईर्ज़	200		
A 75					<u>مه) د</u>		<u> </u>	7/)
	named entity submits this statement for tions of registered agent.	the purpose of changing its reg	istered office or r	egistere	d agent, or both, in	the State of Florida.	I am familiar with,	and accept
SIGNATURE .	(plotre C	Nanot				4	4/1103	
SIGNATURE	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE: Re	gistered Agent signature	e required w	when reinstating)	/	DATE	
Marina Silairi	ign Fiñancing ribution. [\$5.00 May Be Added to Fees		Check Payable epartment of S			
10.	OFFICERS AND DIR	ECTORS	11.	A	DDITIONS/CHANG	ES TO OFFICERS AI	ND DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Plaza, Bianca 13500 Gulf Blyd Madeira Beach Fl	Ģ ∃ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	335 Fe	al Haydis ern Cliff Ave. le Terrace, FL. 336	17-7244	Change	☐ Addition
TITLE NAME	VPD ROTONDO, JENNIFER	5 Delete	TITLE NAME	VPD Clift		j	Change	Addition
STREET ADDRESS CITY-ST-ZIP	13500 GULF_BLVD_#704_ MADEIRA BEACH FL 33708	and the second s	_STREET ADDRESS CITY-ST-ZIP		ole Terrace, FL. 336	517		
TITLE NAME STREET ADDRESS	PD PLAZA, JOE 18905 APIAN WAY	⊠ Delete	NAME STREET ADDRESS CITY-ST-ZIP	70 Sk	a Hatfield ees Rd. lifty, KY. 42712		™ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	D ROTUNDO, DAVID 13500 GULF BLVD	Delete	TITLE NAME STREET ADDRESS	STD Craig	Klemme_	<u> </u>	Change	Addition
CITY-ST-ZIP	MADEIRA BEACH FL	№	CITY-ST-ZIP		tock, IL. 60098		[V] 01	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HATFIELD, GLENDA 70 SKEES RD BIG CLEFTY KY 42712	🗯 Delete	NAME STREET ADDRESS CITY-ST-ZIP	496 A	tarkey uburn Woods Ct. ne. IL60067		🔀 Change	Addition
TITLE NAME STREET ADDRESS		🔀 Delete	TITLE NAME STREET ADDRESS				Change	Addition
CITY-ST-ZIP	pertify that the information cupplied with t	his filing does not qualify for the	CITY-ST-ZIP	d in Soc	tion 119 07(3\(i) El	orido Statutas I furth	or cortifu that the in	formation

reflect certify that the information of the exemption stated in Section 119.07(3)(i), Florida Statules, 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: