2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000009466

FILED Nov 01, 2006 Secretary of State

4:4 - NI	OF A DDEEZE LOETO CONDOMINIUMA	ACCOCIATION INC	
Entity Nan	me: SEA BREEZE LOFTS CONDOMINIUM .	ASSOCIATION, INC.	
Current Principal Place of Business:		New Principal Place of Business:	
60 SEAGATE DR #1703 NAPLES, FL 34108		15121 LAGUNA DRIVE FORT MYERS, FL 33908	
Current Mailing Address:		New Mailing Address:	
60 SEAGA NAPLES, F	TE DR #1703 FL 34108	C/O STEVE MACKESY 711 TARPON BAY ROAD SANIBEL, FL 33957	
	20-1737538 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation did no	FEI Number Not Applicable () Certificate of Status Desired of receive the prior notice.	()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
	TEVEN I T STREET S, FL 33901 US	R&A AGENTS, INC. ATTN: STEVEN I. WINER 2320 FIRST STREET FT MYERS, FL 33901 US	
	named entity submits this statement for the peof Florida.	ourpose of changing its registered office or registered agent, or	r both,
SIGNATURE: STEVEN I. WINER		11/01/2006	
	Electronic Signature of Registered Age	ent Date	
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRE	ECTORS
Title: Name: Address: City-St-Zip:	D () Delete MERRIMAN, GEORGE PO BOX 10003 BRECKENRIDGE, CO 80424	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D () Delete CRANE, TIM PO BOX 7399-285 BRECKENRIDGE, CO 80424	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D () Delete WOODS, DAVID 4990 TEAKWOOD DR NAPLES, FL 34119	Title: () Change () Addition Name: Address: City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM CRANE D 11/01/2006