

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90037 045 ****61.25

DOCUMENT # 715452

1. Entity Name

SEA BREEZE SOUTH APARTMENTS CONDOMINIUM, INC.



Principal Place of Business

190 N. COLLIER
~~P.O. BOX 69~~
MARCO ISLAND FL ~~33969~~

Mailing Address

190 N. COLLIER
~~P.O. BOX 69~~
MARCO ISLAND FL ~~33969~~
US

2. Principal Place of Business

190 N. COLLIER BLVD
Suite, Apt. #, etc.

3. Mailing Address

190 N. COLLIER BLVD
Suite, Apt. #, etc.

City & State

MARCO ISLAND, FL

City & State

MARCO ISL, FL

Zip

34145

Country

US

Zip

34145

Country

US

4. FEI Number

59-1282422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREYSEL, JAMIE B
1104 N COLLIER BLVD
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME JIRELE, JERRY ☐ Delete
STREET ADDRESS 190 N COLLIER BLVD I-6
CITY-ST-ZIP MARCO ISLAND FL

TITLE S
NAME STOLLER, GAYLE ☐ Delete
STREET ADDRESS 414 S. LAKE AVE 8
CITY-ST-ZIP TWIN LAKES WI 53181

TITLE V
NAME WALRAVEN, GERARD ☐ Delete
STREET ADDRESS 2 MAY AVE WOODS LAKE
CITY-ST-ZIP MIDDLEBORD MA 02346

TITLE P
NAME FOREST, NANCY ☒ Delete
STREET ADDRESS 12 ELEVLYN'S DRIVE
CITY-ST-ZIP HARWICH MA 02645

TITLE T F P
NAME CROVETTI, ALDO ☐ Delete
STREET ADDRESS 735 E GREEN VIEW PLACE
CITY-ST-ZIP LAKE FOREST IL 60045

TITLE D
NAME GILMORE, FRANCIS ☐ Delete
STREET ADDRESS 144 QUINCY SHORE DR UNIT 12 B
CITY-ST-ZIP QUINCY MA 02171

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME STANKYE, WILLIAM J. ☐ Change ☒ Addition
STREET ADDRESS 429 OWLS ROOST
CITY-ST-ZIP SHELTON, CT 06484

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME WALRAVEN, GERARD ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME DAN ORFAN ☒ Change ☐ Addition
STREET ADDRESS 10 GRANT LANE
CITY-ST-ZIP CUMBERLAND, RI 02864

TITLE P + T
NAME CROVETTI, ALDO ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/22/04 (239) 394-3823