


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90443 029 ****61.25

DOCUMENT # 715452	
1. Entity Name	
SEA BREEZE SOUTH APARTMENTS CONDOMINIUM, INC.	

Principal Place of Business	Mailing Address
190 N. COLLIER MARCO ISLAND FL 34145	190 N. COLLIER BONITA SPRINGS FL 34145 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number		Applied For
59-1282422		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GREYSEL, JAMIE B 1104 N COLLIER BLVD MARCO ISLAND FL 34145		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 _____ (NOTE: Registered Agent signature required when reinstating)

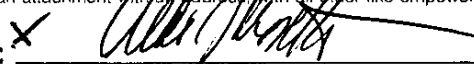
Signature, typed or printed name of registered agent and title if applicable

DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	VPRES	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JIRELE, JERRY			NAME	ORFAN, DAN		
STREET ADDRESS	190 N COLLIER BLVD I-6			STREET ADDRESS	10 GRANT STREET		
CITY-ST-ZIP	MARCO ISLAND FL			CITY-ST-ZIP	CUMBERLAND, RI 02864		
TITLE	D			TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FOREST, NANCY			NAME	HURST, ALFRED		
STREET ADDRESS	12 ELEVLYN'S DR			STREET ADDRESS	86 Saddle Lake Drive		
CITY-ST-ZIP	HARWICH MA 02645			CITY-ST-ZIP	Riverhead, NY 11901		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RECKER, FRANK R			NAME	CARUSO, JAMES		
STREET ADDRESS	267 N COLLIER BLVD #20			STREET ADDRESS	143 MAIN STREET Box 359		
CITY-ST-ZIP	MARCO ISLAND FL 34145			CITY-ST-ZIP	ALTAMOUNT, NY 12009		
TITLE	PT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CROVETTI, ALDO			NAME			
STREET ADDRESS	735 E GREEN VIEW PLACE			STREET ADDRESS			
CITY-ST-ZIP	LAKE FOREST IL 60045			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GILMORE, FRANCIS			NAME			
STREET ADDRESS	144 QUINCY SHORE DR UNIT 12 B			STREET ADDRESS			
CITY-ST-ZIP	QUINCY MA 02171			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  PRESIDENT
ALDO CROVETTI 2/19/06 239-394-3823