

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715452

FILED  
Jun 23, 2009  
Secretary of State

**Entity Name:** SEA BREEZE SOUTH APARTMENTS CONDOMINIUM, INC.

**Current Principal Place of Business:**

190 N. COLLIER  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

190 N. COLLIER  
MARCO ISLAND, FL 34145

**New Mailing Address:**

**FEI Number:** 59-1282422      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GREMSEL, JAMIE B  
1104 N COLLIER BLVD  
MARCO ISLAND, FL 34145      US

**Name and Address of New Registered Agent:**

ALLAN, ROBERT A  
12268 TAMiami TRAIL E  
301  
NAPLES, FL 34113 US

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.

SIGNATURE: ROBERT A ALLAN

06/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP      ( ) Delete  
Name: ORFAN, DAN  
Address: 10 GRANT STREET  
City-St-Zip: CUMBERLAND, RI 02864

Title: D      ( ) Delete  
Name: FOREST, NANCY  
Address: 12 ELEVLYN'S DR  
City-St-Zip: HARWICH, MA 02645

Title: D      ( ) Delete  
Name: HURST, ALFRED  
Address: 86 SADDLE LAKE DRIVE  
City-St-Zip: ALTAMONT, NY 12009

Title: PT      (X) Delete  
Name: CROVETTI, ALDO  
Address: 735 E GREEN VIEW PLACE  
City-St-Zip: LAKE FOREST, IL 60045

Title: D      (X) Delete  
Name: GILMORE, FRANCIS  
Address: 144 QUINCY SHORE DR UNIT 12 B  
City-St-Zip: QUINCY, MA 02171

Title: TP      (X) Delete  
Name: CARUSO, JAMES  
Address: 143 MAIN STREET BOX 359  
City-St-Zip: ALTAMONT, NY 12009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT      (X) Change ( ) Addition  
Name: CARUSO, JAMES  
Address: 13 MAIN STREET  
City-St-Zip: ALTAMONT, NY 12009

Title: VP      (X) Change ( ) Addition  
Name: STOLLER, GALE  
Address: 414 SOUTH LAKE DRIVE, UNIT 8  
City-St-Zip: TWIN LAKES, WI 53181

Title: S      (X) Change ( ) Addition  
Name: SCHMITT-STRONG, MIRIAM  
Address: 14319 WESTWOOD TRL  
City-St-Zip: WOODSTOCK, IL 60098

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES CARUSO

PT

06/23/2009

Electronic Signature of Signing Officer or Director

Date