

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90045 049 ****61.25

DOCUMENT # 717125

1. Entity Name
SEA BREEZE WEST APARTMENTS CONDOMINIUM, INC.



Principal Place of Business
**267 NORTH COLLIER BOULEVARD
SUITE 201
MARCO ISLAND, FL 34145 US**

Mailing Address
**P. O. BOX 1729
MARCO ISLAND FLA, 34146 US**

40058676



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1313035

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PPM LLC
267 N COLLIER BLVD #201
MARCO ISLAND, FL 34145**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 ☒ PD
NAME FERREIRA, JIM ☒ Delete
STREET ADDRESS 235 SEAVIEW CT. # B8
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE ☒ D
NAME DOHERTY, PATRICK ☐ Delete
STREET ADDRESS 7 HOBERT LANE
CITY-ST-ZIP ROCKLAND, MA 02370

TITLE ☒ D
NAME FERREIRA, JIM ☒ Delete
STREET ADDRESS 235 JEAVIEW CT 308
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE ☒ S
NAME LEVOS, ROBERT ☒ Delete
STREET ADDRESS 3501 ELM STREET NORTH
CITY-ST-ZIP FARGO, ND 58102

TITLE ☒ TD
NAME MADEALENI, CARL ☐ Delete
STREET ADDRESS 32 OLD COLONY LANE
CITY-ST-ZIP CAPE ELIZABETH, ME 04107

TITLE ☒ VPD
NAME HARRING, JOHN ☐ Delete
STREET ADDRESS 15 HARRISO ST P.O. BOX 356
CITY-ST-ZIP WELLFLEET, MA 02667

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME P
STREET ADDRESS Chadwick, Lois
CITY-ST-ZIP 235 Seaview Ct. #C03
Marco Island, FL 34145

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

TITLE ☐ Change ☒ Addition
NAME Baratta, Phillip
STREET ADDRESS 255 Leswing Dr.
CITY-ST-ZIP Brick, NJ 87230

TITLE ☐ Change ☒ Addition
NAME Waxmansk, Ed
STREET ADDRESS 6342 90th St.
CITY-ST-ZIP Oak Lawn, IL 60453

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

TITLE ☒ Change ☐ Addition
NAME Haring, John
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Lois Chadwick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-07