

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739346

FILED
Jan 05, 2009
Secretary of State

Entity Name: SEA BREEZE SUN & GOLF RESORT ASSOCIATION, INC.

Current Principal Place of Business:

S VITALE
2700 ATLANTIC AU #6
MELBOURNE BEACH, FL 32951 US

New Principal Place of Business:

Current Mailing Address:

S VITALE
2700 ATLANTIC AU #6
MELBOURNE BEACH, FL 32951 US

New Mailing Address:

FEI Number: 59-1942353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VITALE, SALVATORE
2700 ATLANTIC ST #6
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROSSI, JAMES
Address: 24 MARINA ISLES BLVD
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: VPD () Delete
Name: RENKEN, JAMES
Address: 2700 ATLANTIC AVE, STE 10
City-St-Zip: MELBOURNE BEACH, FL

Title: SDTD () Delete
Name: VITALE, SAL
Address: 2700 ATLANTIC ST #6
City-St-Zip: MELBOURNE BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SALVATORE VITALE

TRES

01/05/2009

Electronic Signature of Signing Officer or Director

Date