

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90192 039 ****61.25

DOCUMENT # 742929

1. Entity Name
SEA BREEZE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**% VIOLET M. FRITZ
1333 SE 40TH TERR, #1D
CAPE CORAL, FL 33904-7910 US**

Mailing Address
**% VIOLET M. FRITZ
1333 SE 40TH TERR, #1D
CAPE CORAL, FL 33904-7910 US**

40063186



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1864889

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEBOEST, RICHARD D II
1415 HENDRY STREET
FORT MYERS, FL 33901**

Name **PAOLA ZUNINO** C/O GMP, Inc
Street Address (P.O. Box Number is Not Acceptable)

3645 SE 8th Pl

City **Cape Coral** FL Zip Code **33904**

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 **PAOLA ZUNINO** **PAOLA ZUNINO** **4/20/06**
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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☒ Delete
NAME **FRITZ, VIOLET M**
STREET ADDRESS **1333 SE 40TH TR 1D**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **Treas** ☒ Change ☐ Addition
NAME **Adell Mohereck**
STREET ADDRESS **1333 SE 40th Terrace 1A**
CITY-ST-ZIP **Cape Coral FL 33904**

TITLE **S** ☐ Delete
NAME **REILLY, CATHERINE**
STREET ADDRESS **1333 SE 40TH TER 2E**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

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

TITLE **VPD** ☐ Delete
NAME **KEIM, TOM**
STREET ADDRESS **1333 SE 40TH TERRACE 2-B**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

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

TITLE **PD** ☐ Delete
NAME **SMITH, JAMES**
STREET ADDRESS **1333 SE 40TH TER 2C**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Jessie Jekes** ☐ Change ☒ Addition
NAME **1st VP**
STREET ADDRESS **1333 SE 40th Terrace 1C**
CITY-ST-ZIP **Cape Coral FL 33904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 employment.

SIGNATURE: **James J Smith** **4/24/06** **739 540 7139**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #