
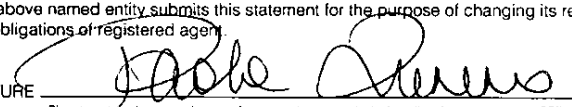
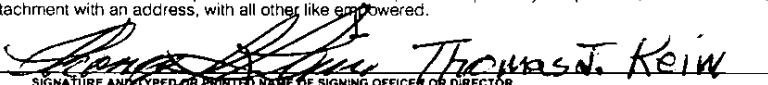


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

05-31-2007 90001 048 ****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	
2. Principal Place of Business - No P.O. Box # 2799 DEL PRADO BLVD		3. Mailing Address P.O. Box 151845	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CAPE CORAL FL		City & State CAPE CORAL FL	
4. FEI Number 59-1864889		Applied For <input type="checkbox"/> Not Applicable	
Zip 33903		Country US	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAOLA, ZUDIDO C/O GMP, AVE 3645 SE 8TH PL CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name ZUNINO PAOLA Street Address (P.O. Box Number is Not Acceptable) 2799 DEL PRADO BLVD City CAPE CORAL FL Zip Code 33903	
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.		DATE: 4/23/07 (NOTE: Registered Agent signature required when reinstating.)	
Filing Fee is \$61.25 Due by May 1, 2007		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			
10. OFFICERS AND DIRECTORS			
TITLE	T	<input checked="" type="checkbox"/> Delete	
NAME	MOHENIK, ADELL		
STREET ADDRESS	1333 SE 40TH TERR 1A		
CITY-ST-ZIP	CAPE CORAL, FL 33904		
TITLE	S	<input checked="" type="checkbox"/> Delete	
NAME	REILLY, CATHERINE		
STREET ADDRESS	1333 SE 40TH TER 2E		
CITY-ST-ZIP	CAPE CORAL, FL 33904		
TITLE	VPD	<input type="checkbox"/> Delete	
NAME	KEIM, TOM		
STREET ADDRESS	1333 SE 40TH TERRACE 2-B		
CITY-ST-ZIP	CAPE CORAL, FL 33904		
TITLE	PD	<input type="checkbox"/> Delete	
NAME	SMITH, JAMES		
STREET ADDRESS	1333 SE 40TH TER 2C		
CITY-ST-ZIP	CAPE CORAL, FL 33904		
TITLE	1VP	<input type="checkbox"/> Delete	
NAME	ICKES, JESSIE		
STREET ADDRESS	1333 SE 40TH TERR 1C		
CITY-ST-ZIP	CAPE CORAL, FL 33904		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VP - D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FRANK PAPPARDO		
STREET ADDRESS	2530 W. WALTON		
CITY-ST-ZIP	CHICAGO HEIGHTS, IL 60632		
TITLE	D - 2nd VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROBERT FENGAL		
STREET ADDRESS	1265-18 LAST NATION RD		
CITY-ST-ZIP	WILLOUGHBY, OH 44094		
TITLE	PRES - D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	SEC/TREAS. - D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	DIC	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WERNER DUSWALD		
STREET ADDRESS	1333 SE 40* TERRACE # 2-D		
CITY-ST-ZIP	CAPE CORAL, FL 33904		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 5.23.07 DAYTIME PHONE #: 239.540.9522	