


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90024 031 ****61.25

DOCUMENT # 742929					
1. Entity Name SEA BREEZE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2799 DEL PRADO BLVD. NORTH FORT MYERS, FL 33903 US		Mailing Address ISLAND MANAGEMENT GROUP P.O. BOX 100 SANIBEL, FL 33957 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 1319 MIRAMAR ST SUITE 101		CAPE CORAL, FL 33904			
City & State		4. FEI Number 59-1864889		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAOLA, ZUDIDO 1319 MIRAMAR ST SUITE 101 CAPE CORAL, FL 33904			Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAPAALARDO, FRANK		NAME		
STREET ADDRESS	2530 W. WALTON		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60632		CITY-ST-ZIP		
TITLE	D2VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENGAL, ROBERT		NAME		
STREET ADDRESS	1265-18 LAST NATION RD.		STREET ADDRESS		
CITY-ST-ZIP	WILLOUGHBY, OH 44094		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEIM, TOM		NAME		
STREET ADDRESS	1333 SE 40TH TERRACE 2-B		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, JAMES		NAME		
STREET ADDRESS	1333 SE 40TH TER 2C		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	DIC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ICKES, JESSIE		NAME		
STREET ADDRESS	1333 SE 40TH TERR 1C		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DUSWALD, WERNER	
STREET ADDRESS			STREET ADDRESS	1333 SE 40TH TERRACE	
CITY-ST-ZIP			CITY-ST-ZIP	CAPE CORAL, FL 33904	
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 any other like empowered.					
SIGNATURE: <i>Paola Zudido</i>		3/10/08		(239) 542-7712	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	