2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#756988

Title:

Name:

Address:

City-St-Zip:

TD

HINNERS, MARY

WAUWATOSA, WI 53226

2517 N 84TH

() Delete

FILED Jan 09, 2006 Secretary of State

Entity Name: SEABREEZE CONDOMINIUM ON ANNA MARIA ISLAND OWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 403 39 STREET HOLMES BEACH, FL 342171730 US **Current Mailing Address: New Mailing Address:** MARY HINHERS 2517 N 84TH STREET WAUWATOSA, WI 53226 US FEI Number: 65-0041401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANNIS, MARTIN W HINNERS, MARY 507 69TH STREET 403 39 ST HOLMES BEACH, FL 34217 US **UNIT C** HOLMES BEACH, FL 34217 US 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: MARY HINNERS 01/09/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PFEIFER, DANIEL Name: Name: W166 N 10303 CALICO LN Address: Address: City-St-Zip: GERMANTOWN, WI 53022 City-St-Zip: Title: () Delete Title: () Change () Addition Name: TOUCHETTE, DARCY Name: Address: NYS RTE 28. PO BOX 205 Address: City-St-Zip: LONG LAKE, NY 128470205 City-St-Zip: Title: () Delete Title: () Change () Addition KOUTECKY, PAMELA Name: Name: 17435 REDVERE DR Address: Address: City-St-Zip: BROOKFIELD, WI 53045 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARY HINNERS TREA 01/09/2006

() Change () Addition