

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757682

FILED
Jan 10, 2006
Secretary of State

Entity Name: SEA BREEZE OF MADEIRA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13500 GULF BLVD
MADIERA BEACH, FL US

New Principal Place of Business:

Current Mailing Address:

5901 SUN BLVD, 203
SAINT PETERSBURG, FL 33715 US

New Mailing Address:

FEI Number: 59-2249847 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NEWTAR, WILLIAM
5901 SUN BLVD, 203
SAINT PETERSBURG, FL 33715 US

Name and Address of New Registered Agent:

NEWTON, WILLIAM
5901 SUN BLVD, 203
SAINT PETERSBURG, FL 33715 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: WILLIAM NEWTON

01/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: DELL, CLIFF
Address: 1309 N RIVERHILLS DR
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: PD () Delete
Name: HATFIELD, GLENDA
Address: 70 SKEES RD
City-St-Zip: BIG CLIFTY, KY 42712

Title: STD () Delete
Name: KLEMME, CRAIG
Address: 3015 RAYCRAFT RD
City-St-Zip: WOODSTOCK, IL 60098

Title: T () Delete
Name: STARKEY, DON
Address: 496 AUBURN WOODS CT
City-St-Zip: PALATINE, IL 60067

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: T (X) Change () Addition
Name: MOTT, JOHN
Address: 5901 SUN BLVD 203
City-St-Zip: ST. PETE, F 33715

Title: D () Change (X) Addition
Name: HAYDIS-KNOX, ABBEY
Address: 5901 SUN BLVD 203
City-St-Zip: ST. PETE, FL 33715

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.

SIGNATURE: GLENDA HATFIELD

P

01/10/2006

Electronic Signature of Signing Officer or Director

Date