

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757682

FILED
Mar 17, 2009
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:

5901 SUN BLVD
SUITE 200
ST PETERSBURG, FL 33715 US

Current Mailing Address:

7300 PARK STREET
SEMINOLE, FL 33777 US

New Mailing Address:

5901 SUN BLVD
SUITE 200
ST PETERSBURG, FL 33715 US

FEI Number: 59-2249847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESOURCE PROPERTY MANAGEMENT
7300 PARK STREET
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

RESOURCE PROPERTY MANAGEMENT
5901 SUN BLVD
SUITE 200
ST 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: DIANE LAVONNE

03/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: ALVAREZ, ARTHUR
Address: 10303 CARROLL COVE PLACE
City-St-Zip: TAMPA, FL 33612

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

Title: VP () Delete
Name: MOTT, JOHN
Address: 16877 DRIFTWOOD DR
City-St-Zip: MACOMB TOWNSHIP, MI 48042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALVAREZ, ARTHUR
Address: 5901 SUN BLVD SUITE 200
City-St-Zip: ST PETERSBURG, FL 33715

Title: VP (X) Change () Addition
Name: DELL, CLIF
Address: 5901 SUN BLVD SUITE 200
City-St-Zip: ST PETERSBURG, FL 33715

Title: S/T (X) Change () Addition
Name: MOTT, JOHN
Address: 5901 SUN BLVD SUITE 200
City-St-Zip: ST PETERSBURG, FL 33715

I hereby certify that the information supplied with this filing does not qualify 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: DIANE LAVONNE

LCAM

03/17/2009

Electronic Signature of Signing Officer or Director

Date