

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757682

FILED  
Apr 04, 2012  
Secretary of State

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

**Current Principal Place of Business:**

5901 SUN BLVD  
SUITE 103  
ST PETERSBURG, FL 33715 US

**Current Mailing Address:**

5901 SUN BLVD  
SUITE 103  
ST PETERSBURG, FL 33715 US

**New Principal Place of Business:**

2870 SCHERER DRIVE N.  
SUITE 100  
ST PETERSBURG, FL 33716 US

**New Mailing Address:**

2870 SCHERER DRIVE N.  
SUITE 100  
ST PETERSBURG, FL 33716 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  
5901 SUN BLVD  
SUITE 103  
ST PETERSBURG, FL 33715 US

**Name and Address of New Registered Agent:**

PARKER, RABIN PA  
28163 U.S. HIGHWAY 19 N.  
CLEARWATER, FL 33761 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: RABIN PARKER, PA

04/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: ALVAREZ, ARTHUR  
Address: 2870 SCHERER DRIVE N. SUITE 100  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: P  
Name: DELL, CLIF  
Address: 2870 SCHERER DRIVE N. SUITE 100  
City-St-Zip: ST PETERSBURG, FL 33716

Title: D  
Name: MOTT, JOHN  
Address: 2870 SCHERER DRIVE N. SUITE 100  
City-St-Zip: ST PETERSBURG, FL 33716

Title: S/T  
Name: HATFIELD, GLENDA  
Address: 2870 SCHERER DRIVE N. SUITE 100  
City-St-Zip: ST PETERSBURG, FL 33716

Title: D  
Name: HENRY, RICHARD  
Address: 2870 SCHERER DRIVE N. SUITE 100  
City-St-Zip: ST PETERSBURG, FL 33716

I hereby 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 all other like empowered.

SIGNATURE: DONNA BOSTON

LCAM

04/04/2012

Electronic Signature of Signing Officer or Director

Date