

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90113 010 ****61.25

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1. Entity Name
SEABREEZE ISLES, INC.



Principal Place of Business
766 SE 5TH AVENUE
DELRAY BEACH, FL 33483

Mailing Address
766 SE 5TH AVENUE
DELRAY BEACH, FL 33483

2. Principal Place of Business

100 East Linton Blvd

3. Mailing Address

100 East Linton Blvd

Suite, Apt. #, etc.

Suite 205A

Suite, Apt. #, etc.

Suite 205A

City & State

Delray Beach FL

City & State

Delray Beach FL

Zip

33483

Country

USA

Zip

33483

Country

USA

03272006

Chg-NP

CR2E037 (11/05)

4. FEI Number
86-1079306

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERENFELD, ISACK
766 SE 5TH AVENUE
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name James M. O'Brien

Street Address (P.O. Box Number is Not Acceptable)

100 E. Linton Blvd - Suite 205A

City Delray Beach

FL

Zip Code 33483

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

James M. O'Brien

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/06

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DVST
NAME ABBO, MAYER S ☒ Delete
STREET ADDRESS 766 SE 5TH AVENUE
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE DP
NAME MERENFELD, ISACK ☒ Delete
STREET ADDRESS 766 SE 5TH AVENUE
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE D
NAME ABBO, JACQUES ☒ Delete
STREET ADDRESS 766 SE 5TH AVENUE
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Samuel Frabrizio ☐ Change ☒ Addition
NAME
STREET ADDRESS 52 Seabreeze Ave
CITY-ST-ZIP Delray Beach FL 33483

TITLE Richard Boscom ☐ Change ☒ Addition
NAME
STREET ADDRESS 54 Seabreeze Ave
CITY-ST-ZIP Delray Beach FL 33483

TITLE Charles Licppe ☐ Change ☒ Addition
NAME
STREET ADDRESS 56 Seabreeze Ave
CITY-ST-ZIP Delray Beach FL 33483

TITLE James O'Brien ☐ Change ☒ Addition
NAME
STREET ADDRESS 100 E. Linton Blvd - Suite 205A
CITY-ST-ZIP Delray Beach FL 33483

TITLE Robert Rinaldi ☐ Change ☒ Addition
NAME
STREET ADDRESS 100 E. Linton Blvd
CITY-ST-ZIP Suite 205A
Delray Beach FL 33483

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06

Date

561-076-0248

Daytime Phone #