

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000000376

1. Entity Name
SEABREEZE ISLES, INC.



Principal Place of Business
100 E LINTON BLVD STE 205A
DELRAY BEACH, FL 33483

Mailing Address
100 E LINTON BLVD STE 205A
DELRAY BEACH, FL 33483



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

O'BRIEN, JAMES M
100 E LINTON BLVD STE 205A
DELRAY BEACH, FL 33483

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IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000879901
04/15/08-80034-024 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FRABRIZZIO, SAMUEL
52 SEA BREEZE AVE
DELRAY BEACH, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BLOSSOM, RICHARD
54 SEA BREAZE AVE
DELRAY BEACH, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MADDOCK, RICHARD
50 SEABREEZE AVE
DELRAY BEACH, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #