## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000002795

Entity Name: SARASOTA SEABREEZE FLYERS, INC.

FILED Feb 06, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6629 DEERING CIRCLE 366 MICHELANGELO DRIVE

SARASOTA, FL 34240 OSPREY, FL 34229

Current Mailing Address: New Mailing Address:

6629 DEERING CIRCLE 366 MICHELANGELO DRIVE

SARASOTA, FL 34240 OSPREY, FL 34229

FEI Number: 65-1220848 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ROTRUCK, ROBERT R
6629 DEERING CIRCLE
SARASOTA, FL 34240 US

CURCIO, BRENDEN R
366 MICHELANGELO DRIVE
OSPREY, FL 34229 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: BRENDEN R. CURCIO 02/06/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition Name: DELLA VOLPE, VICTOR Name:

 Address:
 5866 SHADY BROOK WAY
 Address:

 City-St-Zip:
 SARASOTA, FL 342434861
 City-St-Zip:

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: SENATORE, LOUIS Name: O'GRADY, ALAN W

Address: 535 BLUE JAY PLACE Address: 8482 SAILING LOOP
City-St-Zip: SARASOTA, FL 34236 City-St-Zip: BRADENTON, FL 34202

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 ROTRUCK, ROBERT R
 Name:
 CURCIO, BRENDEN R

 Address:
 6629 DEERING CIRCLE
 Address:
 366 MICHELANGELO DRIVE

 City-St-Zip:
 SARASOTA, FL 34240
 City-St-Zip:
 OSPREY, FL 34229

Title: SD () Delete Title: () Change () Addition

 Name:
 STOVALL, THOMAS M
 Name:

 Address:
 870 FAULKWOOD COURT
 Address:

 City-St-Zip:
 SARASOTA, FL 34232
 City-St-Zip:

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: BRENDEN R. CURCIO TD 02/06/2006