


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90064 013 ****70.00

DOCUMENT # N17089							
1. Entity Name SEABREEZE OF DELRAY, A CONDOMINIUM, INC.							
Principal Place of Business 99 SEABREEZE AVE APT. 2 DELRAY BEACH, FL 33483-7035 US			Mailing Address 99 SEABREEZE AVE APT. 2 DELRAY BEACH, FL 33483-7035 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE			
				Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
GRIGORIAN, CHARLES S. 99 SEABREEZE AVE APT. 2 DELRAY BEACH, FL 33483			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	
			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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PTS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GRIGORIAN, CHARLES S.		NAME				
STREET ADDRESS	99 SEABREEZE AVE. APT. 2		STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH, FL 334837035		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PETRONIS, RAYMOND		NAME				
STREET ADDRESS	99 SEABREEZE AVE APT 4		STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH, FL 334837035		CITY-ST-ZIP				
TITLE	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	VALENTI, PETER		NAME	Valenti, Peter			
STREET ADDRESS	10010 CHESTER LAKE RD E		STREET ADDRESS	176 Beers Rd.			
CITY-ST-ZIP	JACKSONVILLE, FL 322583460		CITY-ST-ZIP	Easton CT 06612			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GRIGORIAN, DONNA		NAME				
STREET ADDRESS	99 SEABREEZE AVE. APT 2		STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH, FL 334837035		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DEPOIAN, MARGARET		NAME				
STREET ADDRESS	99 SEABREEZE AVE. APT 3		STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH, FL 334837035		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PETRONIS, TERESA		NAME				
STREET ADDRESS	99 SEABREEZE AVE. APT 4		STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH, FL 334837035		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: <u>Charles S. Grigorian</u>		Charles S. Grigorian		Jan 9, 2008			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 561-274-8718			