2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2008 8:00 am
Secretary of State
03-20-2008 90023 011 ****61.25

DOCUMENT # N20159

1. Entity Name

TROPICAL BREEZE AND MANASOTA BAY ESTATES OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7395 MANASOTA KEY RD ENGLEWOOD FL 34223 US	6069 MANASOTA KEY ROAD ENGLEWOOD FL 34223 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	7395 Manasota Key Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Englewood FL
Zip / Country	Zip: 34223 / Country: U.S.

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STOLTZNER, SUZANNE 7395 MANASOTA KEY RD ENGLEWOOD FL 34223	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAGREGO, RICHARD 6069 MANASOTA KEY RD ENGLEWOOD FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Terry Robertson 767 N. Manasota Key Rd Englewood FL 34223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAGREGO, LIZ 6069 MANASOTA KEY RD ENGLEWOOD FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Caputo, Louis 6090 Manasota Key Rd Englewood FL 34223	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JURGAITIS, MICHAEL 2045 CYNTHIA DRIVE TALLAHASSEE FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Stoltzner, Gordon 7395 Manasota Key Rd. Englewood, FL 34223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD SEABROOKE, JIM 6095 MANASOTA KEY ROAD ENGLEWOOD FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOPITIYA, CHANDARA 6060 MANASOTA KEY RD ENGLEWOOD FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Koran, Randall 6091 Manasota Key Rd Englewood FL 34223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LATHROP, LLOYD 6070 MANASOTA KEY RD ENGLEWOOD FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Suzanne F. Stoltzner / Suzanne F. Stoltzner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #