

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24028

FILED
Apr 14, 2009
Secretary of State

Entity Name: SEA BREEZE AT PEPPERTREE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

711 TARPON BAY RD
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 65-0044456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKESY, STEVEN
711 TARPON BAY RD.
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BRINLEY, WILLIAM
Address: 11941 SEA BRZ COVE LANE
City-St-Zip: FORT MYERS, FL 33908

Title: SD () Delete
Name: MCDONALD, DIANE
Address: 11921 SEA BREEZE COVE LANE #201
City-St-Zip: FORT MYERS, FL 32708

Title: D () Delete
Name: TROUSE, GERRY
Address: 11906 SEA BREEZE COVE LN
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: JOHNSON, ELMER
Address: 15143 SEA BREEZE COVE CR.
City-St-Zip: FORT MYERS, FL 33908

Title: VD () Delete
Name: BOGLARSKY, JACK
Address: 15171 SEA BREEZE COVE LN #4A
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: JOHNSON, ELMER
Address: 15143 SEA BREEZE COVE CR.
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Change () Addition
Name: BOGLARSKY, JACK
Address: 15171 SEA BREEZE COVE LN #4A
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM BRINLEY

PTD

04/14/2009

Electronic Signature of Signing Officer or Director

Date