


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2005 8:00 am**  
**Secretary of State**

07-27-2005 90046 046 \*\*\*\*61.25

<b>DOCUMENT # N24032</b>					
1. Entity Name SEA BREEZE AT PEPPERTREE-1 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12734 KENWOOD LANE, STE 49 33908 ERES, FL 33908 US			Mailing Address 12734 KERWOOD LANE STE 49 FORT MYERS, FL 33907 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0124216	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  SPIRES, JAN 12734 KERWOOD LANE STE 49 FORT MYERS, FL 33907				7. Name and Address of New Registered Agent  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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POELKER, SALLY		NAME	Rick Kalosky	
STREET ADDRESS	11921 SEA BREEZE COVE LN #209		STREET ADDRESS	1837 Buckhorn Dr.	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	Youngstown, OH 44511	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAWN, RICHARD		NAME	Ron Martin	
STREET ADDRESS	11921 SEA BREEZE CUE LANE #101		STREET ADDRESS	11921 Sea Breeze Lane #203	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUTHERLAND, KIMI		NAME	Amy Houser	
STREET ADDRESS	11921 SEA BREEZE COVE LN #102		STREET ADDRESS	11921 Sea Breeze Cove Lane #210	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	ASM	<input checked="" type="checkbox"/> Delete	TITLE	ASM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPIRES, JAN		NAME	Doug Radding	
STREET ADDRESS	12734 KENWOOD LANE STE 49		STREET ADDRESS	12734 Kenwood Lane Ste 49	
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP	Ft. Myers, FL 33907	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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4. FEI Number  
65-0124216

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

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

Filing Fee is \$61.25 Due by May 1, 2005

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 DP ☒ Delete

NAME POELKER, SALLY

STREET ADDRESS 11921 SEA BREEZE COVE LN #209

CITY-ST-ZIP FORT MYERS, FL 33908

TITLE DVP ☒ Delete

NAME BRAWN, RICHARD

STREET ADDRESS 11921 SEA BREEZE CUE LANE #101

CITY-ST-ZIP FORT MYERS, FL 33908

TITLE DST ☒ Delete

NAME SUTHERLAND, KIMI

STREET ADDRESS 11921 SEA BREEZE COVE LN #102

CITY-ST-ZIP FORT MYERS, FL 33908

TITLE ASM ☒ Delete

NAME SPIRES, JAN

STREET ADDRESS 12734 KENWOOD LANE STE 49

CITY-ST-ZIP FORT MYERS, FL 33907

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_

5/1/05 232-836-4336