

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90253 015 ****61.25

DOCUMENT # N24032

1. Entity Name
**SEA BREEZE AT PEPPERTREE-1 CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**12734 KENWOOD LANE, STE 49
33908ERES, FL 33908 US**

Mailing Address
**12734 KERWOOD LANE
STE 49
FORT MYERS, FL 33907 US**

40076986



2. Principal Place of Business - No P.O. Box #

711 Tarpon Bay Rd

3. Mailing Address

P.O. Box 100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007 Chg-NP CR2E037 (12/06)

City & State

SANibel FL

City & State

SANibel FL

4. FEI Number
65-0124216

Applied For
Not Applicable

Zip
33957

Country
USA

Zip
33957

Country
USA

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

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 **Steven Mackesy**
Street Address (P.O. Box Number is Not Acceptable)
711 Tarpon Bay Rd
City **SANibel FL** Zip Code **33957**

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, 2007**

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

TITLE **DP** ☐ Delete
NAME **KALOSKY, RON**
STREET ADDRESS **183 BUERNUN DR**
CITY-ST-ZIP **YOUNGSTOWN, OH 44511**

TITLE **DVP** ☒ Delete
NAME **MARTIN, RON**
STREET ADDRESS **11921 SEA BREEZE CUE LANE, # 203**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **DST** ☒ Delete
NAME **HOUSER, AMY**
STREET ADDRESS **11921 SEA BREEZE CUE LANE, #210**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **ASM** ☒ Delete
NAME **ROUDDIN, DOUG**
STREET ADDRESS **12724 KENWOOD LANE, SUITE 49**
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VOT** ☐ Change ☒ Addition
NAME **Reid, Susan**
STREET ADDRESS **11921 Sea Breeze Cue Ln**
CITY-ST-ZIP **FT MYERS FL 33908**

TITLE **SO** ☐ Change ☐ Addition
NAME **Reising, Jim**
STREET ADDRESS **308 Stregard**
CITY-ST-ZIP **Columbia SC 29223**

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:

Susan Reid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07
Date

**239
472-5020**
Daytime Phone #