

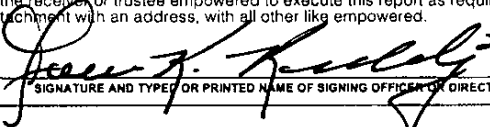


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90117 049 ****61.25

DOCUMENT # N24032 1. Entity Name SEA BREEZE AT PEPPERTREE-1 CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 711 TARPON BAY RD SANIBEL, FL 33957 US			Mailing Address P.O. BOX 100 SANIBEL, FL 33957 US				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01172008 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0124216 <table border="1" style="float: right; margin-left: 10px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
City & State		City & State					
Zip	Country	Zip	Country				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent MACKESY, STEVEN 711 TARPON BAY RD SANIBEL, FL 33957				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) DATE</small>							
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 NAME STREET ADDRESS CITY - ST - ZIP	PD KALOSKY, RON 183 BUERNUN DR YOUNGSTOWN, OH 44511	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDT REID, SUSAN 11921 SEABREEZE COVE CIR FORT MYERS, FL 33908	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD REDDING, JIM 308 STONEGATE DR COLUMBIA, SC 29223	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete						
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:  James K. Redding 1-28-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

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