

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90073 001 ****61.25

DOCUMENT # N24034

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



Principal Place of Business
**11945 SEA BREEZE COVE LANE
FORT MYERS, FL 33908**

Mailing Address
**10630 MCGREGOR BLVD.
C/O CRAIG KING
FORT MYERS, FL 33919 US**

50021200



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0045046

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SHIELDS, CHRISTOPHER J ATTY
1833 HENDRY STREET
PO DRAWER 1507
FORT MYERS, FL 35902-1507**

Name
CRAIG KING
Street Address (P.O. Box Number is Not Acceptable)

10630 McGregor Blvd
City **Fort Myers** FL Zip Code **33919**

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 **Craig King, EA** **2-22-05**
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 **SD** ☐ Delete
NAME **VIOLA, JOE**
STREET ADDRESS **11941 SEA BREEZE COVE LANE**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **PD** ☒ Change ☐ Addition
NAME **Joe Viola**
STREET ADDRESS **11941 Sea Breeze Cove Lane**
CITY-ST-ZIP **Fort Myers FL 33919**

TITLE **PD** ☒ Delete
NAME **AHERN, JOANNE**
STREET ADDRESS **11961 SEA BREEZE COVE LANE**
CITY-ST-ZIP **FORT MYERS, FL 33908**

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

TITLE **T** ☐ Delete
NAME **KING, CRAIG**
STREET ADDRESS **1060 MCGREGOR BLVD**
CITY-ST-ZIP **FORT MYERS, FL 33919**

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

TITLE **VPD** ☐ Delete
NAME **ALBERT, ANDY**
STREET ADDRESS **1196 SEA BREEZE COVE LANE**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **SD** ☒ Change ☐ Addition
NAME **Albert, Andy**
STREET ADDRESS **1196 Sea Breeze Lane**
CITY-ST-ZIP **Fort Myers, FL 33908**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition
NAME **Tania Pendarakis**
STREET ADDRESS **11965 Sea Breeze Lane**
CITY-ST-ZIP **Fort Myers, FL 33908**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: **Craig King** **2-24-05** **239-4181911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #