2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90262 038 ****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 C/O CRAIG KING FORT MYERS, FL 33919						1	::	500002		
2. Principal Place of Business - No P.O. Box # 3. M			3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01082007 Chg-NP CR2E037 (12/06)				
City & State			City & State		4. FEI Number Applied For 65-0045046 Not Applicable					
Zip	Zip Country		Zip			5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current R	egistered Agent			7. Name and Add	ress of New Regi	stered Agent		
1/11/0 OD				1	Vame					
KING, CRAIG 10630 MCGREGOR BLVD FORT MYERS, FL 33919					Street Address	(P.O. Box Number is h	Not Acceptable)			
					20			13:-0		
					City			FL Zip C	ode	
	named entit tions of regis	y submits this statement for level agent.	the purpose of changing its	registered (office or regist	ered agent, or both, in	the State of Florida	a. I am familiar w	ith, and accept	
SIGNATURE .	Signature, typeo	d or printed name of registered agent an	d title if applicable. (NOT	E Registered Ag	gent signature requir	ed when reinstating)		DATE		
Filing Fee is \$61.25 9. Due by May 1, 2007							•		ĺ	
	-		9. Election Car Trust Fund 0	mpaign Fina Contribution		\$5.00 May Be Added to Fees		e check payable Department of		
10.	-	Way 1, 2007	Trust Fund (Contribution		Added to Fees	Florida	Department of	State	
10. TITLE NAME	-	OFFICERS AND DIRE	Trust Fund (11.			Florida	Department of	S IN 10	
TITLE	T KING, CF 1060 MC	OFFICERS AND DIRE	Trust Fund 0	Contribution	ADDRESS	Added to Fees	Florida	Department of	SIN 10	
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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:

ED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

(RDIGKI PU

235-418-1511 Daytime Phone #