


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90032 003 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0045046	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KING, CRAIG 10630 MCGREGOR BLVD FORT MYERS, FL 33919			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 <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KING, CRAIG 1060 MCGREGOR BLVD FORT MYERS, FL 33919				
P BRINLEY, WILLIAM 11941 SEA BREEZE COVE LN FORT MYERS, FL 33919	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
VP AHERN, JOANN 11961 SEA BREEZE COVE LN FORT MYERS, FL 33919	D Carol Peeples 11971 Sea Breeze Cove Lane Fort Myers, FL 33919				
D HATTEN, CARL 11949 SEA BREEZE COVE LN FORT MYERS, FL 33919	Change Addition				
Change Addition	Change Addition				
Change Addition	Change Addition				
Change Addition	Change Addition				
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Officers: Phone: #</small>					