2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 16, 2008 8:00 am Secretary of State 07-16-2008 90011 001 ****61.25

DOCUMENT # N34216



1. Entity Name SEABREEZE AT FOUNTAIN LAKES NEIGHBORHOOD ASSOCIATION, INC.									
Principal Place of Business 22700 S. TAMIAMI TRAIL E		Mailing Address -3911 PRESERVE WAY ESTERO, FL 33928 US			40111247				
ESTERO, FL	33928 US								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 22 444 FOUNTAIN LKS B		's Bkn					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			000000	g-NP CR2E	E037 (12/06)		
City & State		ESTERO FL		4.	4. FEI Number 65-0191053			olied For Applicable	
Zip	Country	33928	Country.	5.	Certificate of Sta	atus Desired	\$8.75 Addi Fee Required		
	6. Name and Address of Current			7.	Name and Add	ess of New Registere	d Agent		
ADAMS, JOSEPH E ESQ				Name ***					
14241 METROPOLIS AVE SUITE 100			Street Ad	dress (P.O.	Box Number is N	lot Acceptable)			
FT MYERS, FL 33912-0000									
1			City	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									
Filing Fee is \$61.25 Due by September 12, 2008 9. Election Campaign Trust Fund Contrib									
10.	OFFICERS AND DI	RECTORS	11.		TIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN		
TITLE	VPD BEDALL, GORDON	Defete	TITLE	VPD	Maria	. m	Change	Addition	
name Street address	3901 PRESERVE WAY		NAME STREET ADDRESS	2241	L EDUA	HAIN LKS	BLUP.		
CITY-ST-ZIP	ESTERO, FL 33928		CITY-ST-ZIP	ESTE	RO F	MANN ITAIN LKS L. 33928			
TITLE	STD	☐ Delete	TITLE		•		☐ Change	☐ Addition	
NAME STREET ADDRESS	MCDONNELL, GERALDINE 22444 FOUNTAIN LAKES BLVD		NAME STREET ADDRESS						
CITY-ST-ZIP	ESTERO, FL 33928	·	CITY-ST-ZIP						
TITLE	PD	☐ Delete	TITLE				☐ Change	Addition	
NAME OWNER AROUSED	BARRY, FRED		NAME SYSTEM ASSESSED						
STREET ADDRESS CITY-ST-ZIP	3941 PRESERVE WAY ESTERO, FL 33928		STREET ADDRESS CITY-ST-ZIP						
TITLE	·	☐ Delete	TITLE				☐ Change	Addition	
NAME			NAME						
STREET ADDRESS CITY-S1-ZIP			STREET ADORESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME			NAME				_ •	_	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	- · · · · - · · · · · · · · · · · · · ·	П	CITY-ST-ZIP					- Addition	
TITLE NAME		☐ Delete	TITLE				Change	☐ Addition	
STREET ADDRESS	,		STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 same appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									

SIGNATURE: SURALUE MC WONSELF MC