

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90042 039 \*\*\*\*61.25

**DOCUMENT # N36683**

1. Entity Name  
**KIWANIS CLUB OF SEABREEZE - DAYTONA BEACH, INC.**



Principal Place of Business  
**C/O RIVIERA ASSISTED LIVING  
1825 RIDGEWOOD AVE  
DAYTONA BEACH, FL 32117 US**

Mailing Address  
**% MARK WEINBERG  
906 COUNTRYSIDE WEST BLVD  
PORT ORANGE, FL 32127 US**

**50002186**



2. Principal Place of Business - No P.O. Box #

**NO CHANGE**

3. Mailing Address

**NO CHANGE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

**59-3063248**

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

**PLANTE, GENA  
630 DAYTON AVE  
HOLLY HILL, FL 32117**

7. Name and Address of New Registered Agent

Name **Madden, Mark**  
Street Address (P.O. Box Number is Not Acceptable)  
**153 Seminole Dr.**

City **Ormond Beach** FL Zip Code **32174**

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 **Mark Madden, President, Seabreeze Kiwanis**

**3/24/08**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

TITLE **PD** ☒ Delete  
NAME **PLANTE, GENA**  
STREET ADDRESS **630 DAYTONA AVE**  
CITY-ST-ZIP **HOLLY HILL, FL 32117**

TITLE **T** ☐ Delete  
NAME **WEINBERG, MARK**  
STREET ADDRESS **906 COUNTRYSIDE WEST BLVD**  
CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE **SD** ☐ Delete  
NAME **TERARINO, DARLENE**  
STREET ADDRESS **PO BOX 9605**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32120**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **Madden, Mark**  
STREET ADDRESS **153 Seminole Dr.**  
CITY-ST-ZIP **Ormond Beach, FL 32174**

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

TITLE ☒ Change ☐ Addition  
NAME **Teracino, Darlene**  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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 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: **Mark A. Weinberg** **MARK A. WEINBERG** **3/24/08** **(386) 788-6001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #