


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90213 026 ****61.25

DOCUMENT # N47872					
1. Entity Name SEABREEZE SHORES NO. 1 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business SEA BREEZE COVE CIRCLE FORT MYERS, FL 33908			Mailing Address P.O. BOX 08013 FORT MYERS, FL 33908		
2. Principal Place of Business		3. Mailing Address <i>Island Mgmt</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>P.O. Box 100</i>			
City & State		City & State <i>SANIBEL FL</i>		4. FEI Number 65-0342065	
Zip		Zip <i>33957</i>		Country <i>USA</i>	
6. Name and Address of Current Registered Agent ADAMS, JOSEPH, E, ESQ 14241 METROPOLIS AVE SUITE 100 FT MYERS, FL 33912-0000				7. Name and Address of New Registered Agent Name: <i>Steven J Mackesy</i> Street Address (P.O. Box Number is Not Acceptable): <i>711 Tarpon Bay Rd</i> City: <i>SANIBEL FL</i> Zip Code: <i>33957</i>	
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: <i>[Signature]</i> <small>Signature, type or printed name of registered agent and title if applicable.</small>				DATE: <i>4/17/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P BOGLARSKY, JACK 15171 SEA BREEZE COVE CIRCLE FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWAIN, ARTHUR 15163 SEA BREEZE COVE CR. FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ELMER 15143 SEA BREEZE COVE CIRCLE FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRANAGAN, JANE 15161 SEA BREEZE COVE CIRCLE FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOHER, DONNA 15151 SEA BREEZE COVE CIRCLE FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <i>4/15/06</i> Daytime Phone #: <i>239-472-5020</i>		