
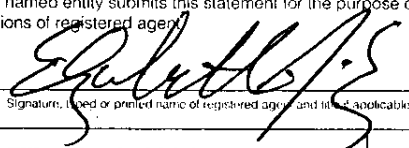


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

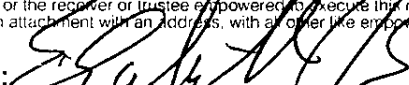
FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90013 043 ****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 ISLAND MGMT P.O. BOX 100 SANIBEL, FL 33957		2. Principal Place of Business - No P.O. Box #	
3. Mailing Address		Suite, Apt. #, etc. P.O. Box 08013	
City & State Fort Myers		4. FEI Number 65-0342065	
Zip 33908		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required. <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent MACKESY, STEVEN J 711 TARPON BAY RD SANIBEL, FL 33957		7. Name and Address of New Registered Agent Name Elizabeth King Street Address (P.O. Box Number is Not Acceptable) 10630 McGregor Blvd. City Fort Myers FL Zip Code 33919	
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 		DATE 2-25-08	
Filing Fee is \$61.25 Due by May 1, 2008		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	VD EDDY, GEORGE 15141 SEABREEZE COVE CIR FORT MYERS, FL 33908 <input checked="" 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	P O'KEEFE, PATRICK 15761 SEA BREEZE COVE CIR FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'Keefe, Patrick <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15761 Sea Breeze Cove Cir. Ft. Myers, FL. 33908
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	SD SWAIN, CORETA 15163 SEABREEZE COVE CIR 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	PDT 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	D Wolventon, Dewitt <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15153 Seabreeze Cove Circle Fort Myers, FL. 33908



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:  DATE: 2-25-08 TELEPHONE: 239-418-1911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #