

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90090 020 ****61.25

DOCUMENT # N50689

1. Entity Name
**SEABREEZE AT SOUTH SEAS PLANTATION
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**P. O. BOX 194
ATTN: ASSN. MGMT.
CAPTIVA, FL 33924 US**

Mailing Address

**P. O. BOX 194
ATTN: ASSN. MGMT.
CAPTIVA, FL 33924 US**



01162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0355423

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOUTH SEAS PLANTATION RESORT
13000 CAPTIVA ROAD
ATTN: ASSN. MGMT.
CAPTIVA ISLAND, FL 33924**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
LEVINSON, RICHARD
113 DINGLE RIDGE RD
NORTH SALEM, NY 10560

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
GARLAND, FLORENCE MS.
3319 CAPRI CT
GREEN BAY, WI 54301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
APPELBAUM, JONATHAN
P.O. BOX 1145
NORTHBROOK, IL 60065

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Florence S. Garland Resident
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Florence S. Garland

4/2/07
Date

920-737-8216
Daytime Phone #