

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90044 030 ****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

40070971



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

711 Tarpon Bay Rd

3. Mailing Address

P.O. Box 100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008 Chg-NP CR2E037 (12/06)

City & State

Saribel FL

City & State

Saribel FL

Zip

33957

Country

USA

Zip

33957

Country

USA

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**

7. Name and Address of New Registered Agent

Name

Steven Mackesy

Street Address (P.O. Box Number is Not Acceptable)

711 Tarpon Bay Rd

City

Saribel

FL

Zip Code

33957

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

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

TITLE **VP** ☒ Delete
NAME **APPLEBAUM, JONATHAN**
STREET ADDRESS **P.O. BOX 1145**
CITY-ST-ZIP **NORTHBROOK, IL 60065**

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 **VD** ☒ Change ☐ Addition
NAME **Richard Levinson**
STREET ADDRESS **113 Dingle Ridge Rd**
CITY-ST-ZIP **N. Salem NY 10560**

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

TITLE **STD** ☒ Change ☐ Addition
NAME **Jonathan Applebaum**
STREET ADDRESS **P.O. Box 1145**
CITY-ST-ZIP **Northbrook IL 60065**

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:

Harold S. Harlow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/08

Date

239-472-5020

Daytime Phone #