2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2009
Secretary of State

DOCUMENT# N50689

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

Current Principal Place of Business:

711 TARPON BAY RD
SANIBEL, FL 33957 US

New Principal Place of Business:

1600 LANDS END VILLAGE
CAPTIVA, FL 33924 US

Current Mailing Address:

P. O. BOX 143
CAPTIVA, FL 33924 US

New Mailing Address:

FEI Number: 65-0355423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MACKESY, STEVEN
711 TARPON BAY RD
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

PRICE, STEFFENEY J
1600 LANDS END VILLAGE
CAPTIVA, FL 33924 US

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.

SIGNATURE: STEFFENEY J PRICE 06/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: LEVINSON, RICHARD
Address: 113 DINGLE RIDGE RD
City-St-Zip: NORTH SALEM, NY 10560

Title: PD ( ) Delete
Name: GARLAND, FLORENCE MS.
Address: 3319 CAPRI CT
City-St-Zip: GREEN BAY, WI 54301

Title: STD ( ) Delete
Name: APPLEBAUM, JONATHAN
Address: PO BOX 1145
City-St-Zip: NORTHBROOK, IL 60065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORENCE GARLAND PD 06/13/2009
Electronic Signature of Signing Officer or Director Date