
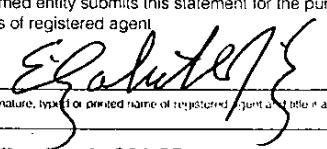
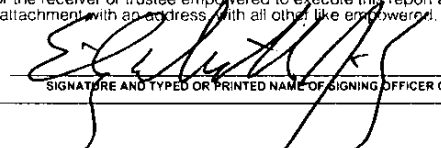


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90187 022 ****61.25

DOCUMENT # N93000001464 1. Entity Name SEABREEZE SHORES NO. 2 CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business P O BOX 08013 FT MYERS, FL 33908 US		Mailing Address ISLAND MGNT P.O.BOX 100 SANIBEL, FL 33957 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Sea Breeze Cove Lane		3. Mailing Address Suite, Apt. #, etc. c/o Craig King Accountancy 10630 McGregor Blvd.	
City & State Fort Myers		City & State Fort Myers FL	
Zip 33908	Country USA	Zip 33919	Country USA
4. FEI Number 65-0440774		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 4-1-08 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when registering.)</small>			
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 PD NAME KLEVE, ROBERT <input checked="" type="checkbox"/> Delete STREET ADDRESS 11922 SEA BREEZE COVE LANE CITY- ST- ZIP FORT MYERS, FL 33908	TITLE ST NAME Archambault Patricia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 11904 Sea Breeze Cove Lane CITY- ST- ZIP Fort Myers, FL. 33908		
TITLE D NAME TROUSE, GERRY <input type="checkbox"/> Delete STREET ADDRESS 11910 SEA BREEZE COVE LN CITY- ST- ZIP FORT MYERS, FL 33908	TITLE President NAME Trowse, Gerry <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 11910 Sea Breeze Cove Lane CITY- ST- ZIP Fort Myers, FL. 33908		
TITLE STD NAME BRADLEY, SHERRY <input checked="" type="checkbox"/> Delete STREET ADDRESS 11962 SEA BREEZE COVE LN CITY- ST- ZIP FORT MYERS, FL 33908	TITLE D NAME Kelly, M. Kathryn <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 11910 Sea Breeze Cove Lane CITY- ST- ZIP Fort Myers, FL. 33908		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 empowerment.			
SIGNATURE: 		4-28-08 (239) 418-1911 Date Daytime Phone #	