2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N93000001464

Entity Name: SEABREEZE SHORES NO. 2 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 08013
SEA BREEZE COVE LANE
FT MYERS, FL 33908 US

New Principal Place of Business:

11906 SEA BREEZE COVE LANE
SEA BREEZE COVE LANE
FT MYERS, FL 33908 US

Current Mailing Address:

C/O CRAIG KING ACCOUNTING
10630 MCGREGOR BLVD
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 65-0440774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KING, ELIZABETH
10630 MCGREGOR BLVD
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: ARCHAMBAULK, PATRICIA
Address: 11904 SEA BREEZE COVE LANE
City-St-Zip: FORT MYERS, FL 33908

Title: P ( ) Delete
Name: TROUSE, GERRY
Address: 11910 SEA BREEZE COVE LN
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete
Name: KELLY, KATHRYN M
Address: 11910 SEA BREEZE COVE LANE
City-St-Zip: FORT MYERS, FL 33908

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: ELIZABETH KING RA 04/29/2009

Electronic Signature of Signing Officer or Director — Date