## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 03 1997 8:00am

Secretary of State

96/6

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT #

STREET ADDRESS

CITY-ST-ZIP

N96000003013 (7)

SOUTHERN BREEZE CONDOMINIUM ASSOCIATION OF CAPE CORAL, FL INC.

Principal Place of Business Mailing Address 1112 SW 48TH TERRACE 1112 SW 48TH TERRACE CAPE CORAL FL 33914 CAPE CORAL FL 33914-4312 Date Incorporated or Qualified 06/03/1996 3a. Date of Last Report 2. Principal Place of Business Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FITZPATRICK, JAMES E Street Address (P.O. Box Number is Not Acceptable) 1410 SW 54TH TERRACE CAPE CORAL FL 33914 83 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 マノグ TITLE DELETE 1 1 TITLE ☐ Change \_\_\_ Addition Teter ROSATI NAME 1.2 NAME 3300 Collins Terry Road STREET ADDRESS 1.3 STREET ADDRESS organtown, W. Va 26505 CITY - S1 - ZIP 1.4 CITY-ST-ZIP DELETE TITLE ס/ קיי Change Addition 2.1 TITLE NAME Harry S. THLIER 2.2 NAME STREET ADDRESS 1112 W 48th Terrace 0-201 2.3 STREET ADDRESS City-St-7i8 Cape Coral, Fla. 33914 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME Henry A. LeCLAIRE Jr. STREET ADDRESS 3.3 STREET ADDRESS 1114 SV 48th Terrace B-201 CITY-ST-ZIP 3.4. City-St-ZIP Cape Coral, | la. 33914 DELETE TITLE Change Addition 4.1 TITLE NAME 4.2 NAME John H. ULBICH STREET ADDRESS 4.3 STREET ADDRESS 12301 Snug Harbor Pd. CITY-\$1-ZIP 4.4 City-St-ZIP Newlin, Md. 21801 DELETE TITLE 5.1 TITLE ☐ Change \_\_\_ Addition NAME 5.2 NAME James, E. TITZPATRIC STREET ADDRESS 5.3 STREET ADDRESS 1410 SW 54th Terrace CITY-ST-ZIP Cape Coral, Fla. 33914 5.4 CITY - ST-ZIP DELETE THLE 6.1 TITLE Change Addition NAME 6.2 NAME

Tam an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, or on an attachment with an address. 941-945-1750 SIGNATURE:

**6.3 STREET ADDRESS** 

6.4 CITY - ST - ZIP 14. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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