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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003013 (7)

1. Corporation Name:

SOUTHERN BREEZE CONDOMINIUM ASSOCIATION OF CAPE CORAL, FL INC.



Principal Place of Business

Mailing Address

1112 SW 48TH TERRACE
CAPE CORAL FL 33914

1112 SW 48TH TERRACE
CAPE CORAL FL 33914

3. Date Incorporated or Qualified

06/03/1996

4. FEI Number

59-2694236

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FITZPATRICK, JAMES E
1410 SW 54TH TERRACE
CAPE CORAL FL 33914

81 Name

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

83

84 City

FL

85

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 filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROSATI, PETER
STREET ADDRESS 3308 COLLINS FERRY ROAD
CITY-ST-ZIP MORGANTOWN VA 26505

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VPD
NAME FULLER, HARRY S
STREET ADDRESS 1112 S.W. 48TH TERRACE, C-201
CITY-ST-ZIP CAPE CORAL FL 33914

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE SD
NAME LECLAIRE, HENRY A JR.
STREET ADDRESS 1114 S.W. 48TH TERRACE, B-201
CITY-ST-ZIP CAPE CORAL FL 33914

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE TD
NAME ULRICH, JOHN H
STREET ADDRESS 12301 SNUG HARBOR RD
CITY-ST-ZIP BERLING MD 21801

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D
NAME FITZPATRICK, JAMES E
STREET ADDRESS 1410 S.W. 54TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33914

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I 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 appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE:

John H. Ulrich
JOHN H. ULRICH

1/19/98

941-945-1750

CR2E037 (10/97)