FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N9600003013

SOUTHERN BREEZE CONDOMINIUM ASSOCIATION OF CAPE CORAL, FL INC.

Principal Place of Business 1112 SW 48TH TERRACE CAPE CORAL FL 33914

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

1112 SW 48TH TERRACE CAPE CORAL FL 33914

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90039 049 ****61.25



3. Date Incorporated or Qualifed

06/03/1996

59-2694236

4. FEI Number

City & State Signature, typed or printed name of registered agent and title if applicable. City & State City & State City & State City & State Country Cou	ode egistered
Zip Country Zip Country Zip Country Added to 25 29 30 Trust Fund Contribution Added to 25 29 30 Trust Fund Contribution Added to 39. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable)	ode egistered istered RS IN 12
25 29 30 Trust Fund Contribution Added to 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FITZPATRICK, JAMES E 14 10 SW 54TH TERRACE CAPE CORAL FL 33914 84 City FL 85 Zip Correct Registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable. [NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE PD DELETE 11. TITLE PD Change CITY-ST-ZIP MORGANTOWN VA 26505 14. CITY-ST-ZIP Change Change CITY-ST-ZIP NAME FULLER, HARRY S	ode egistered istered RS IN 12
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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 roffice 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) TITLE PD NAME ROSATI, PETER STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MORGANTOWN VA 26505 DELETE 11 TITLE Change Change Change	egistered sistered sistered RS IN 12
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6.4 CITY-ST-ZIP 6.4 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes if made under oath; that	nformation

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 ar 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 ar 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Applied For

Not Applicable