

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003013

1. Entity Name

SOUTHERN BREEZE CONDOMINIUM ASSOCIATION OF CAPE

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90034 027 ****61.25

Principal Place of Business

Mailing Address

1112 SW 48TH TERRACE
 CAPE CORAL FL 33914

1112 SW 48TH TERRACE
 CAPE CORAL FL 33914-4312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2694236

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 empowered.

SIGNATURE *John H. Ulrich* **REQUIRED** **JOHN H. ULRICH** 1/5/2000 941-945-1750
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)