


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90013 035 ****61.25

DOCUMENT # N96000003013			
1. Entity Name SOUTHERN BREEZE CONDOMINIUM ASSOCIATION OF CAPE CORAL, FL INC.			
Principal Place of Business 1112 SW 48TH TERRACE CAPE CORAL FL 33914		Mailing Address 1112 SW 48TH TERRACE CAPE CORAL FL 33914	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03062100



MOORE CR2E037 (11/03)

4. FEI Number 59-2694236	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSATI, PETER 3308 COLLINS FERRY ROAD MORGANTOWN VA 26505 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6 JOHN POOLE Rd MORGANTOWN WV. 26508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COTE, RAYMOND A 11 CLAREN DRIVE MELYOKE MA 01048 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VPD RICHARD PAUL BIRKENWALD 17101 NE 19TH AVE N. MIAMI BEACH FL 33162 ← LAST NAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LECLAIRE, HENRY A JR. 1114 S.W. 48TH TERRACE., B-201 CAPE CORAL FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SD MAGGIE GLICK 1659 BROOKSTONE CT. ELTHART IN 46514 ← LAST NAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ULRICH, JOHN H 12301 SNUG HARBOR RD BERLING MD 21801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZPATRICK, JAMES E 1410 S.W. 54TH TERRACE CAPE CORAL FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* Treasurer. **MARCH 20, 2004** 239 941-1750
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #