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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 765563

1. Corporation Name

OCEAN BREEZE ELEMENTARY SCHOOL PARENT TEACHERS O RGANIZATION, INC.

Principal Place of Business

Mailing Address

% 1101 CHEYENNE DR INDIAN HARBOUR BCH FL 32937

% 1101 CHEYENNE DR INDIAN HARBOUR BCH FL 32937

FILED Mar 31, 1999 8:00 am § Secretary of State

03-31-1999 90002 045 ****70.00



| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualifed | | |
|--|---|---------------------|---|---|---------------------------------|--|
| 21 | _ | 26 | | 10/26/1982 | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 4. FEI Number | Applied For | |
| 22 | _ | 27 | | 59-2311658 | Not Applicable | |
| City & State | - | City & State | | 5 Continues of Status Decired IV | 3.75 Additional Fee Required | |
| S | | Country | 6. Election Campaign Financing \$5.00 May Be | | | |
| 24 | 25 | 29 30 | 5] | | Added to Fees | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | | |
| | | | 81 Name | Lyn ninehart trincipal | | |
| ARNOLD, GLENN | | | 82 Street Address (9 O. Box Number is Not Acceptable) | | | |
| 798 NASSAU RD | | | 83 TO Chevenne Dr. | | | |
| COCOA BEACH FL 32931 Fudiou Harhour Beach, FL | | | | | FL | |
| FL 65 Zip Code 57/93 | | | | | 32937 | |
| 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, I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. The above-familie 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 Sun King hart | | | | | | |
| | Signature, typed printed name of registered agent a | | egistered Agent signature n | | DECTORS IN 42 | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DI | Change Addition | |
| TITLE | 1 | ☑ DELETE | 1.1 TITLE , | Bialobrzeski, Julie | | |
| NAME | ROSENOW, ANN M. | | 1,2 NAME | · · · · · · · · · · · · · · · · · · · | 22627 | |
| STREET ADDRESS | 40 NAVAHO CIR | | 1.3 STREET ADDRESS | Indian Harbour Beach, FL | 32937 | |
| CITY-ST-ZIP | INDIAN HARBOUR BEACH FL | | 1.4 CITY-ST-ZIP | | Change □ Addition | |
| TITLE | S . | DELETE | 21 TITLE | :D | Change | |
| NAME | ROWLES, TINA | ~~~ | 2.2 NAME | Judy Hierbaum, | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | 11/33 11 7 11 11 11 11 11 11 11 11 11 11 11 1 | | |
| CITY-ST-ZIP | INDIAN HARBOUR BEACH FL | | 2. 4 CITY-ST-ZIP | MIESTITT ISland, FL 32 | 952 | |
| TITLE) | PD | ☐ DELETE | 3.1 TITLE | U(| Change | |
| NAME | VANDERSCOFF, SANDY | | 3.2 NAME | | | |
| STREET ADDRESS | 640 verbenia DR | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | SATELLITE BEACH FL 32937 | <u> </u> | 3,4. CITY-ST-ZIP | | | |
| TITLE | VD | DELETE | 4,1 TITLE | ν υ ·— | Change | |
| NAME | PAWLING, MICHELLE | | 4.2 NAME | Toni Restre po 1217 Prinetree Dr | } | |
| STREET ADDRESS | 319 TRITON CT | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | INDIAN HARBOUR BEACH FL 32 | | 4,4 CITY-ST-ZIP | Indian Hor Bck, FL 3293 | | |
| TITLE · | CD | DELETE | 5.1 YITLE | CD policy | Change | |
| NAME | arnold, glenn | • | 5.2 NAME | Lyn Rinehart | ļ | |
| STREET ADDRESS | 798 NASSAU RD | | 5.3 STREET ADDRESS | 1101 Cheyenne Dr. | F/ A. | |
| CITY-ST-ZIP | COCOA BEACH FL | | 5.4 CITY-ST-ZIP | Indian Harbour Beach | , I-L 32937 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change | |
| NAME : | | | 6.2 NAME | | | |
| STREET ADDRESS | , . | | 6.3 STREET ADDRESS | • | | |
| 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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: