

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765563

**FILED
Jul 14, 2004
Secretary of State**

Entity Name: OCEAN BREEZE ELEMENTARY SCHOOL PARENT TEACHERS ORGANIZATION, INC.

Current Principal Place of Business:

% 1101 CHEYENNE DR
INDIAN HARBOUR BCH, FL 32937

New Principal Place of Business:

Current Mailing Address:

% 1101 CHEYENNE DR
INDIAN HARBOUR BCH, FL 32937

New Mailing Address:

FEI Number: 59-2311658 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SKINNER, COLLEEN
1101 CHEYENNE DR.
INDIAN HARBOR BCH, FL 32937

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SINGER, SHELLEY A
Address: 1101 CHEYENNE DR.
City-St-Zip: INDIAN HARBOUR, FL 32937

Title: V () Delete
Name: GOREWITZ, PHYLIS
Address: 1101 CHEYENNE DR.
City-St-Zip: INDIAN HARBOUR BCH, FL 32937

Title: S () Delete
Name: HERRINGTON, MARNIE
Address: 1101 CHEYENNE DR
City-St-Zip: INDIAN HARBOUR BCH, FL 32937

Title: T () Delete
Name: BROCK, ANGELA
Address: 1101 CHEYENNE DR
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: CD () Delete
Name: SKINNER, COLLEEN
Address: 1101 CHEYENNE DR.
City-St-Zip: INDIAN HARBOUR BCH, FL 32937

Title: CD () Delete
Name: BREWER, KATHY
Address: 1101 CHEYENNE DR
City-St-Zip: INDIAN HARBOR, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SINGER, SHELLEY A
Address: 1101 CHEYENNE DR.
City-St-Zip: INDIAN HARBOUR BCH, FL 32937

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: STAHL, JEANNIE
Address: 1101 CHEYENNE DR
City-St-Zip: INDIAN HARBOUR BCH, FL 32937

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELLEY SINGER

PD

07/14/2004

Electronic Signature of Signing Officer or Director

Date