

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765563

FILED
Jul 22, 2007
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

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: POWERS, ELAINE
Address: 1101 CHEYENNE DR.
City-St-Zip: INDIAN HARBOUR BCH, FL 32937

Title: VP () Delete
Name: SHIVAMBER, LESLIE
Address: 1101 CHEYENNE DR.
City-St-Zip: INDIAN HARBOUR BCH, FL 32937

Title: SECR () Delete
Name: KENT, DENISE
Address: 1101 CHEYENNE DR
City-St-Zip: INDIAN HARBOUR BCH, FL 32937

Title: TREA () Delete
Name: MCKEEFERY, LORETTA
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: HERING, LAURIE
Address: 1101 CHEYENNE DR
City-St-Zip: INDIAN HARBOR, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: KELDSEN, SUSAN
Address: 1101 CHEYENNE DR.
City-St-Zip: INDIAN HARBOUR BCH, FL 32937

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

Title: TREA (X) Change () Addition
Name: SHIVAMBER, LESLIE
Address: 1101 CHEYENNE DR
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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 exemption stated in Chapter 119, 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: LESLIE SHIVAMBER

TR

07/22/2007

Electronic Signature of Signing Officer or Director

_____ Date