FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 29 1996 8:00 am
Secretary of State

DOCUMENT # **N04236** **(8)**

1. Corporation Name
ISLAND BREEZE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6445 BARBERRY HILL DR GAINESVILLE GA 30506 US	6445 BARBERRY HILL DR GAINESVILLE GA 30506 US

3. Date Incorporated or Qualified: **07/17/1984**
3a. Date of Last Report: **01/27/1995**

4. FEI Number: **58-1635013** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 303 Riverford Way	26 303 Riverford Way
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Lawrenceville, GA	28 Lawrenceville, GA
24 Zip 30243 / 25 Country US	29 Zip 30243 / 30 Country US

9. Name and Address of Current Registered Agent

HEWETT, JOE
SERVPRO
4405 PINE TREE LANE
LYNN HAVEN 32444

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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, or both, in the State of Florida. Such change was authorized by the 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☑ DELETE	1.1 TITLE	STD	☑ Change ☐ Addition
NAME	HARRISON, BRENDA		1.2 NAME	Sherwood, Jack	
STREET ADDRESS	1482 BRIAROKS TRAIL		1.3 STREET ADDRESS	303 Riverford Way	
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP	Lawrenceville, GA 30243	
TITLE	PD	☑ DELETE	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	SPANJER, ALAN		2.2 NAME	Tulis, Martin	
STREET ADDRESS	6445 BARBERRY HILL DR		2.3 STREET ADDRESS	1711 Bruckner Court	
CITY-ST-ZIP	GAINESVILLE GA		2.4 CITY-ST-ZIP	Snellville, GA 30278	
TITLE	VD	☑ DELETE	3.1 TITLE	VD	☑ Change ☐ Addition
NAME	BETZ, FRED		3.2 NAME	Kimsey, Norris	
STREET ADDRESS	4000 COLUMRS DRIVE		3.3 STREET ADDRESS	1300 April Dr.	
CITY-ST-ZIP	MARLETTA GA		3.4 CITY-ST-ZIP	Evansville, IN 47710	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Jack Sherwood J. A. Sher 1-20-96 770-822-4609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #