FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Jan 30 1998 8:00am
Secretary of State

DOCUMENT # **N04236** (8)

1. Corporation Name
ISLAND BREEZE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
303 RIVERFORD WAY LAWRENCEVILLE GA 30243 US	303 RIVERFORD WAY LAWRENCEVILLE GA 30243 US

3. Date Incorporated or Qualified: 07/17/1984

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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: JACK SHERWOOD
82 Street Address (P.O. Box Number is Not Acceptable): 4913 HISPANIOLA DRIVE
83: BOX 7, UNIT NO. 1
84 City: PANAMA CITY BEACH **FL** 85 Zip Code: 32408

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: J. a Sherwood — JACK SHERWOOD — 1-15-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHERWOOD, JACK		1.2 NAME	
STREET ADDRESS	303 RIVERFORD WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAWRENCEVILLE GA		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TULIS, MARTIN		2.2 NAME	
STREET ADDRESS	1711 BRUCEKNER COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP	SNELLVILLE GA		2. 4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KIMSEY, NORRIS		3.2 NAME	
STREET ADDRESS	1300 APRIL DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	EVANSVILLE IN		3.4. CITY-ST-ZIP	
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 (10/97)

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.

SIGNATURE: J. a Sherwood SIGNATURE REQUIRED JACK SHERWOOD 1-15-98 770-822-4609