

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N04236 1. Entity Name ISLAND BREEZE OWNERS ASSOCIATION, INC.	
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Principal Place of Business 104 WILD RIDGE TROY, AL 36079 US	Mailing Address 104 WILD RIDGE TROY, AL 36079 US
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01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 58-1635013	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SHERWOOD, JACK
4913 HISPANIOLA DR
BOX 7, UNIT NO 1
PANAMA CITY BEACH, FL 32408

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IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SHERWOOD, JACK 104 WILD RIDGE TROY, AL 36079
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TULIS, MARTIN 1314 COUNCIL BLUFF DRIVE ATLANTA, GA 30345
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KIMSEY, NORRIS 1300 APRIL DR EVANSVILLE, IN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/09/04-80028-005 61.25

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. Sherwood JACK SHERWOOD 1-10-04 334-670-9771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #