

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000055681 1. Entity Name GULF BREEZE RESORTS REALTY, INC.	
---	---

Principal Place of Business 3015 N OCEAN BLVD STE 121 FT LAUDERDALE, FL 33308	Mailing Address 3015 N OCEAN BLVD STE 121 FT LAUDERDALE, FL 33308
---	---

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0083619	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, REBECCA A
 3015 N OCEAN BLVD STE 121
 FORT LAUDERDALE, FL 33308

DO NOT WRITE 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 reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$300.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS OTTINO, J.P. III 3015 N OCEAN BLVD STE 121 FT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LANDAU, MARC J 3015 N OCEAN BLVD STE 121 FT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CULLEN, COLLEEN 6200 SAFARI TRAIL KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000898479
04/25/08-80090-005 300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: _____ **1/9/08** **954-537-4765**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #