

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006831

FILED  
Apr 04, 2007  
Secretary of State

**Entity Name:** OCEAN BREEZE OF CAPE CANAVERAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

595 NORTH COURTENAY PKWY  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

6 ROSA L JONES DR  
COCOA, FL 32922

**Current Mailing Address:**

595 NORTH COURTENAY PKWY  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

6 ROSA L JONES DR  
COCOA, FL 32922

FEI Number: 01-0847493

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LARKIN, DAVID G  
1900 S HICKORY ST STE A  
MELBOURNE, FL 32901 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: DPV ( ) Delete  
Name: BIANCO, ROSALIE  
Address: 595 NORTH COURTENAY PKWY  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: ST ( ) Delete  
Name: BIANCO, ROSALIE  
Address: 595 NORTH COURTENAY PKWY  
City-St-Zip: MERRITT ISLAND, FL 32953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPV (X) Change ( ) Addition  
Name: BIANCO, ROSALIE  
Address: 6 ROSA L JONES DR  
City-St-Zip: COCOA, FL 32922

Title: ST (X) Change ( ) Addition  
Name: BIANCO, ROSALIE  
Address: 6 ROSA L JONES DR  
City-St-Zip: COCOA, FL 32922

I hereby certify that the information supplied with this filing does not qualify for the 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: ROSALIE BIANCO

P

04/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date