

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 771081

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** CORAL BREEZE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O AMERICAN CONDO MGMT.  
615 CAPE CORAL PKWY W #103  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O AMERICAN CONDO MGMT.  
P.O. BOX 100399  
CAPE CORAL, FL 33910 US

**New Mailing Address:**

**FEI Number:** 59-2529504

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KASE, SUSAN  
C/O AMERICAN CONDO MGMT.  
615 CAPE CORAL PKWY W, #103  
CAPE CORAL, FL 33914 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: VPD  
Name: KOHLMAYER, LIBBY  
Address: 4616 SE 6TH AVE  
City-St-Zip: CAPE CORAL, FL 33904

Title: STD  
Name: DUGGINS, MARK  
Address: 4616 SE 6TH AVE  
City-St-Zip: CAPE CORAL, FL 33904

Title: PD  
Name: LANGSTON, MILTON  
Address: 4616 SE 6TH AVE #101  
City-St-Zip: CAPE CORAL, FL 33904

I hereby 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 all other like empowered.

SIGNATURE: MILTON LANGSTON

P

04/27/2010

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

\_\_\_\_\_  
Date