

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727317

Entity Name: OCEAN BREEZE ASSOCIATION, INC.**Current Principal Place of Business:**3510 SOUTH OCEAN SHORE BLVD.
FLAGLER BEACH, FL 32136**Current Mailing Address:**533 N. NOVA ROAD
SUITE 215A
ORMOND BEACH, FL 32174**FEI Number:** 59-1577275**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARKER, PATTI A.
533 N. NOVA ROAD
SUITE 215A
ORMOND BEACH, FL 32174 US*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:** PATTI A BARKER

04/21/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	FORD, RANDY MR.
Address	3510 S. OCEAN SHORE BLVD., #303
City-State-Zip:	FLAGLER BEACH FL 32136

Title	VPD
Name	COOK, WOODROW MR
Address	14913 SYCAMORE FALLS
City-State-Zip:	LOUISVILLE KY 40245

Title	STD
Name	SEED, CHARLES MR
Address	12327 CANNON BALL ROAD
City-State-Zip:	FAIRFAX VA 22030

Title	DIRECTOR
Name	THORPE, PETER
Address	3510 S OCEAN SHORE BLVD UNIT 111
City-State-Zip:	FLAGLER BEACH FL 32136

Title	DIRECTOR
Name	BOWLING, JAMES
Address	3510 S OCEAN SHORE BLVD UNIT 203
City-State-Zip:	FLAGLER BEACH FL 32136

Title	DIRECTOR
Name	VARNES, DAVID
Address	6726 LEESA DAWN COURT
City-State-Zip:	MANASSAS VA 20112

Title	DIRECTOR
Name	BASS, DANIEL
Address	533 N. NOVA ROAD SUITE 215A
City-State-Zip:	ORMOND BEACH FL 32174

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: RANDY FORD**PRESIDENT**

04/21/2015

Electronic Signature of Signing Officer/Director Detail

Date