

**2021 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 102  
ORMOND BEACH, FL 32174 US**FEI Number:** 59-1577275**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARKER, PATTI A.  
533 N. NOVA ROAD  
SUITE 102  
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

03/01/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY, TREASURER,  
DIRECTOR  
Name SEED, CHARLES MR  
Address 533 N. NOVA ROAD  
SUITE 102  
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR  
Name WATERS, CLARK  
Address 1405 N FOREST AVENUE  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name KASSEBAUM, ROBERT  
Address 533 N. NOVA ROAD  
SUITE 102  
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR  
Name BURKHARDT, SHEILA  
Address 3510 S OCEAN SHORE BLVD  
UNIT 208  
City-State-Zip: ORMOND BEACH FL 32174

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

Title DIRECTOR  
Name HUGHES, BRIAN  
Address 533 N. NOVA ROAD  
SUITE 102  
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR  
Name ERIKSTRUP, DAVID  
Address 533 N NOVA ROAD  
SUITE 102  
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR  
Name LIZASO, MARJIE  
Address 533 N NOVA ROAD SUITE 102  
City-State-Zip: ORMOND BEACH FL 32174

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*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:** ANDY MASON**PRESIDENT**

03/01/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	PRESIDENT, DIRECTOR
Name	MASON, ANDY
Address	533 N NOVA ROAD SUITE 102
City-State-Zip:	ORMOND BEACH FL 32174