

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765563

**Entity Name:** OCEAN BREEZE ELEMENTARY SCHOOL PARENT TEACHERS ORGANIZATION, INC.

**FILED**  
**Jan 28, 2019**  
**Secretary of State**  
**0550082949CC**

**Current Principal Place of Business:**

1101 CHEYENNE DR  
INDIAN HARBOUR BCH, FL 32937

**Current Mailing Address:**

1101 CHEYENNE DR  
INDIAN HARBOUR BCH, FL 32937

**FEI Number: 59-2311658**

**Certificate of Status Desired: No**

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

MICHAUD, SHELLEY  
1101 CHEYENNE DR.  
INDIAN HARBOUR BCH, FL 32937 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: SHELLEY MICHAUD**

**01/28/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           SCHMIDT, SUSANNE  
Address        1101 CHEYENNE DR  
City-State-Zip: INDIAN HARBOUR BCH FL 32937

Title           VP  
Name           GALLY, KELLY  
Address        1101 CHEYENNE DR  
City-State-Zip: INDIAN HARBOUR BCH FL 32937

Title           PRESIDENT  
Name           HANEY, LANH  
Address        1101 CHEYENNE DR  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title           CD  
Name           MICHAUD, SHELLEY  
Address        1101 CHEYENNE DR  
City-State-Zip: INDIAN HARBOUR BCH FL 32937

Title           CD  
Name           BRODIGAN, ELIZABETH  
Address        1101 CHEYENNE DR  
City-State-Zip: INDIAN HARBOR FL 32937

Title           SECRETARY  
Name           TELTORCHIO, KIMBERLY  
Address        1101 CHEYENNE DR  
City-State-Zip: INDIAN HARBOUR BCH FL 32937

Title           VP  
Name           TURBEVILLE, CARA  
Address        1101 CHEYENNE DR  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

*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: SUSANNE SCHMIDT**

**01/28/2019**

Electronic Signature of Signing Officer/Director Detail

Date