

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765563

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

**FILED**  
**Mar 05, 2024**  
**Secretary of State**  
**3762672849CC**

**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**

**03/05/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title PRESIDENT  
Name SOLOMON, JEN  
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 CLAEYS, JESSICA  
Address 1101 CHEYENNE DR  
City-State-Zip: INDIAN HARBOUR BCH FL 32937

Title TREASURER  
Name RUIMY, SUSAN  
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: JENNIFER SOLOMON**

**PRESIDENT**

**03/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date