## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007925

Entity Name: OCEAN BREEZE HOMEOWNERS CONDOMINIUM

ASSOCIATION, INC.

**Current Principal Place of Business:** 

C/O ASSOCIA COMMUNITY MANAGEMENT PROFESSIONALS 4901 VINELAND RD SUITE 455

ORLANDO, FL 32811

## **Current Mailing Address:**

C/O ASSOCIA COMMUNITY MANAGEMENT PROFESSIONALS 4901 VINELAND RD SUITE 455 ORLANDO, FL 32811 US

FEI Number: 20-5964335 Certificate of Status Desired: No.

## Name and Address of Current Registered Agent:

ASSOCIA-COMMUNITY MANAGEMENT PROFESSIONALS C/O ASSOCIA COMMUNITY MANAGEMENT PROFESSIONALS 4901 VINELAND RD SUITE 455 ORLANDO, FL 32811 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: GABRIELA JAKOBSEN 01/04/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

CESPEDES, DYANNA WEBER, DAWN Name Name

Address C/O ASSOCIA COMMUNITY Address C/O ASSOCIA COMMUNITY

MANAGEMENT PROFESSIONALS MANAGEMENT PROFESSIONALS

4901 VINELAND RD SUITE 455 4901 VINELAND RD SUITE 455

City-State-Zip: ORLANDO FL 32811 City-State-Zip: ORLANDO FL 32811

Title **SECRETARY** Title **TREASURER** 

Name TAPIA, DOMENIQUE Name LUFFMAN, CRYSTAL

Address C/O ASSOCIA COMMUNITY Address C/O ASSOCIA COMMUNITY

MANAGEMENT PROFESSIONALS MANAGEMENT PROFESSIONALS

4901 VINELAND RD SUITE 455 4901 VINELAND RD SUITE 455

ORLANDO FL 32811 ORLANDO FL 32811 City-State-Zip: City-State-Zip:

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.

**FILED** Jan 04, 2024

Secretary of State

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