

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 233879

FILED  
Apr 15, 2010  
Secretary of State

Entity Name: BRINY BREEZES INC

**Current Principal Place of Business:**

5000 N OCEAN BLVD  
BRINY BREEZES, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

5000 N OCEAN BLVD  
BRINY BREEZES, FL 33435

**New Mailing Address:**

FEI Number: 59-0839659

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SULLIVAN, PAUL T  
5000 N OCEAN BLVD #F-16  
BRINY BREEZES, FL 33435 US

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

FARON, DONALD B  
LARK DR.  
L-211  
BRINY BREEZES, FL 33435 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: DONALD B. FARON

04/15/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: FARON, DONALD B  
Address: 5000 N. OCEAN BLVD # L-211  
City-St-Zip: BRINY BREEZES, FL 33435 US

Title: D1VP  
Name: SCHULTES, JOHN  
Address: 5000 N. OCEAN BLVD # L-11  
City-St-Zip: BRINY BREEZES, FL 33435 US

Title: D2VP  
Name: LE BLANC, ARTHUR  
Address: 5000 N. OCEAN BLVD. # L-210  
City-St-Zip: BRINY BREEZES, FL 33435 US

Title: DT  
Name: THALER, SUSAN K  
Address: 5000 N OCEAN BLVD # Q-207  
City-St-Zip: BRINY BREEZES, FL 33435 US

Title: DS  
Name: GUT, MICHAEL P  
Address: 5000 N. OCEAN BLVD. # S-201  
City-St-Zip: BRINY BREEZES, FL 33435 US

Title: D  
Name: KOPLIN, JANIS  
Address: 5000 N. OCEAN BLVD. # E-22  
City-St-Zip: BRINY BREEZES, FL 33435 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN K. THALER

DT

04/15/2010

Electronic Signature of Signing Officer or Director

Date

233879  
Briny Breezes, Inc.



TELEPHONE (561) 276-7405

FAX (561) 274-2270  
5000 NORTH OCEAN BLVD.  
BRINY BREEZES, FLORIDA 33435

April 15, 2010

Florida Department of State  
Division of Corporations

FAX (850) 245-6030

RE: **DOCUMENT NUMBER: 233879 Tracking Number: 100175982271**  
**ADDITIONAL PRINCIPALS ON ANNUAL REPORT filed 4/15/2010**

Officer/Director Name and Address

Name And Address #7

Title	D
Name	ORFE, D. BARBARA
Address	5000 N. Ocean Blvd. # A-14
City, State	Briny Breezes, FL
Zip Code & Country	33435 US

Name And Address #8

Title	D
Name	WIGGINS, KAREN
Address	5000 N. Ocean Blvd. # K-26
City, State	Briny Breezes, FL
Zip Code & Country	33435 US

Thank you,

Susan K. Thaler  
Treasurer  
Briny Breezes, Inc.