


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 257961 1. Entity Name OCEAN BREEZE PARK INC						FILED 07 MAR -6 PM 5:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3000 INDIAN RIVER DR JENSEN BEACH, FL 34957				Mailing Address 3000 INDIAN RIVER DR JENSEN BEACH, FL 34957			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 59-0996174				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TEAL, BRIAN H 3000 INDIAN RIVER DR JENSEN BEACH, FL 34957				7. Name and Address of New Registered Agent Name Marcia Hendry Street Address (P.O. Box Number is Not Acceptable) 5690 SW Sunshine Farms Way City Palm City FL Zip Code 34990			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u>Marcia Hendry</u> <u>Marcia Hendry</u> <u>3/1/07</u> <small>Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 100093714501 03/19/07--01020--010 **70.00			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TEAL, CATHIE H		NAME				
STREET ADDRESS	3000 INDIAN RIVER DRIVE		STREET ADDRESS				
CITY - ST - ZIP	JENSEN BEACH, FL 34957		CITY - ST - ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENDRY, MARCIA		NAME				
STREET ADDRESS	3000 INDIAN RIVER DR		STREET ADDRESS				
CITY - ST - ZIP	JENSEN BEACH, FL 34957		CITY - ST - ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENDRY, GARY		NAME				
STREET ADDRESS	3000 INDIAN RIVER DRIVE		STREET ADDRESS				
CITY - ST - ZIP	JENSEN BEACH, FL 34957		CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Marcia Hendry</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>3/1/07</u> <u>772 263 9400</u> <small>Date Daytime Phone #</small>			