2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #723298

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02-21-2008 90031 038 ****61.25

1. Entity Name GULF BREEZE OWNERS' ASSOCIATION, INC. 40029751 Principal Place of Business Mailing Address 340 BASE AVE E P 0 BOX 72 VENICE, FL 34284-0072 VENICE, FL 34285 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152008 Chq-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-1539911 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KANETSKY, MOORE & DEBOER, PA % SHARON VANDEN WULP Street Address (P.O. Box Number is Not Acceptable) 227 NOKOMIS AVE. S VENICE, FL 34285 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Florida Department of State \Box Trust Fund Contribution. Due by May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LINDOW, KENNETH 340 BASE AVE., #312 STREET ADDRESS STREET ADORESS CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ■ Addition NAME SOEHN, AL NAME OPEN STREET ADDRESS 5965 REGENT RD STREET ADDRESS VENICE, FL 34293 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition SPEER, WILLIAM NAME NAME 300 BASE AVE. #115 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DURHAM, BARBARA NAME NAME 340 BASE AVE. #325 STREET ADDRESS STREET ADDRESS COY+ST-7IP VENICE, FL 34285 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

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 617, 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 BARBARA DUKham Saban Dul 3/88 941-480-949