2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# 723298

Entity Name: GULF BREEZE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

340 BASE AVE E
325
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

P O BOX 72
VENICE, FL 342840072

New Mailing Address:

FEI Number: 59-1539911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KANETSKY, MOORE & DEBOER, PA
% SHARON VANDEN WULP
227 NOKOMIS AVE. S
VENICE, FL 34285 US

Name and Address of New Registered Agent:

SHARON VANDEN WULP, P.A.
712 SHAMROCK BLVD.
VENICE, FL 34293 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: SHARON VANDER WULP 01/23/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LINDOW, KENNETH
Address: 340 BASE AVE., #312
City-St-Zip: VENICE, FL 34285

Title: VP ( ) Delete
Name: SOEHN, AL
Address: 5965 REGENT RD
City-St-Zip: VENICE, FL 34293

Title: SS ( ) Delete
Name: SPEER, WILLIAM
Address: 300 BASE AVE. #115
City-St-Zip: VENICE, FL 34285

Title: T ( ) Delete
Name: DURHAM, BARBARA
Address: 340 BASE AVE. #325
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA S. DURHAM T 01/23/2009
Electronic Signature of Signing Officer or Director — Date