2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90009 047 ****61.25

DOCUMENT # 729915

1. Entity Name
BREEZY POINT CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
C/O RESORT MGMT 834 BALD EAGLE DRIVE MARCO ISLAND, FL 33937 US	P O BOX 2244 MARCO ISLAND, FL 34146 US

54018204

02252004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1604950 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YACONO, RICK RESORT MANAGEMENT 834 BALDEAGLE DR MARCO ISLAND, FL 34145	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DHONDT, DONNA 880 HORON CT. #304 MARCO ISLAND, FL 34145	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Dhondt, Donna 880 Huron Ct. #304 Marco Island, FL 34145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHIVERLY, BILL 880 HURON CT. #402 MARCO ISLAND, FL 34145	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hull, John 880 Huron Ct. #306 Marco Island, FL 34145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DICOENO, MARION 11597 SANDPIPER ST DEMOTTE, IN 46310	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Gunther, Carl 37 Shadow Pines Dr. Penefield, N.Y. 14526	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JOHNSON, DARLY 140 BENNINGTON DRIVE ZIONSVILLE, IN 46077	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Johnson, Darryl 140 Bennington Dr. Zionsville, IN. 46077	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TRIEBER, DAVID 1208 PINE AVE. BETTENDORF, IA 52722	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Joy, Jack 880 Huron Ct #203 Marco Island, FL 34145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Donna Dhondt 3-10-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #