


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90028 013 ****61.25

DOCUMENT # 736379 1. Entity Name BREEZESWEPT BEACH ESTATES CIVIC ASSOCIATION, INC.					
Principal Place of Business 27353 DOMINICA RAMROD KEY, FL 33042			Mailing Address P.O. BOX 421232 SUMMERLAND KEY, FL 33042		
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 65-0115066				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 KING, LEE 27353 DOMINICA LANE RAMROD KEY, FL 33042			7. Name and Address of New Registered Agent Name John Clark Street Address (P.O. Box Number is Not Acceptable) 27326 Martinique Lane City Ramrod Key FL Zip Code 33042		
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 * <i>John R. Clark</i> John Clark 3-16-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	RD Director KING, LEE 27353 DOMINICA LANE RAMROD KEY, FL 33042	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President John Clark 27326 Martinique Lane Ramrod Key, FL 33042	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Director GERSON, PAUL 2733 DOMINICA LANE RAMROD KEY, FL 33042	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-President Ralph Borland 27398 St. Vincent Lane Ramrod Key, FL 33042	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CLOSE, MARYANN 151 W INDIES DR SUMMERLAND KEY, FL 33042	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BRYE, SHERRI 27371 W. INDIES DR. RAMROD KEY, FL 33042	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHUERGER, DICK 571 W. INDIES DR. RAMROD KEY, FL 33042	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEUCHAT, JOE 27356 TOBAGO LANE RAMROD KEY, FL 33042	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Sherri Brye</i> Sherri Brye 3-16-06 305-872-5525 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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