


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90851 012 \*\*\*\*61.25

<b>DOCUMENT # 736379</b>	
1. Entity Name <b>BREEZESWEPT BEACH ESTATES CIVIC ASSOCIATION, INC.</b>	

Principal Place of Business <b>27353 DOMINICA 27398 St. Vincent RAMROD KEY, FL 33042</b>	Mailing Address <b>P.O. BOX 421232 SUMMERLAND KEY, FL 33042</b>
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2. Principal Place of Business - No P.O. Box # <b>27398 St. Vincent Lane</b>	3. Mailing Address <b>St. Vincent Lane</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Ramrod Key, FL</b>	City & State
Zip <b>33042</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>CLARK, JOHN 27326 MARTINIQUE LANE RAMROD KEY, FL 33042</b>	
7. Name and Address of New Registered Agent Name <b>Ralph Borland</b> Street Address (P.O. Box Number is Not Acceptable) <b>27398 St. Vincent Lane</b> City <b>Ramrod Key</b> FL Zip Code <b>33042</b>	

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 <b>Ralph Borland</b> Signature, typed or printed name of registered agent and title if applicable.	<b>Ralph Borland President</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>4-27-07</b>

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, LEE 27353 DOMINICA LANE RAMROD KEY, FL 33042 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Tiedeman, Jane 27310 W. Indies DR Ramrod Key, FL 33042 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vice President GERSON, PAUL 2733 DOMINICA LANE 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	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.	
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SIGNATURE: <b>Ralph Borland</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>Ralph Borland</b> Date	<b>4-27-07</b> Daytime Phone #
<b>Sherril Brye</b>	<b>Sherril Brye</b>	<b>4-27-07 305-872-5525</b>