2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 736379

Entity Name: BREEZESWEPT BEACH ESTATES CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

27398 ST VINCENT LANE
RAMROD KEY, FL 33042

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 421232
SUMMERLAND KEY, FL 33042

New Mailing Address:

FEI Number: 65-0115066 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BORLAND, RALPH
27398 ST VINCENT LANE
RAMROD KEY, FL 33042 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CRUMLEY, BOB
Address: 403 INDIES DRIVE
City-St-Zip: RAMROD KEY, FL 33042

Title: D ( ) Delete
Name: GERSON, PAUL
Address: 2733 DOMINICA LANE
City-St-Zip: RAMROD KEY, FL 33042

Title: SD ( ) Delete
Name: CLOSE, MARYANN
Address: 151 W INDIES DR
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: TD ( ) Delete
Name: BRYE, SHERRI
Address: 27371 W. INDIES DR.
City-St-Zip: RAMROO KEY, FL 33042

Title: D ( ) Delete
Name: SCHUERGER, DICK
Address: 571 W. INDIES DR.
City-St-Zip: RAMROD KEY, FL 33042

Title: D ( ) Delete
Name: BEUCHAT, JOE
Address: 27356 TOBAGO LANE
City-St-Zip: RAMROD KEY, FL 33042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: GERSON, PAUL
Address: 2733 DOMINICA LANE
City-St-Zip: RAMROD KEY, FL 33042

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: D (X) Change ( ) Addition
Name: CLOSE, RALPH
Address: 151 W. INDIES DR.
City-St-Zip: RAMROD KEY, FL 33042

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: RALPH BORLAND PRES 04/16/2009
Electronic Signature of Signing Officer or Director — Date