

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743685

FILED
Apr 11, 2007
Secretary of State

Entity Name: BREEZEWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3359 D GARDENS EAST DR
PALM BEACH GARDENS, FL 334104698

New Principal Place of Business:

Current Mailing Address:

PO BOX 221674
WEST PALM BEACH, FL 33422

New Mailing Address:

FEI Number: 59-2263634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLIED PROPERTY MANAGEMENT GRP. INC
745 US 1 SUITE 209
NORTH PALM BEACH, FL 33408 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: P () Delete
Name: ROCHE, WILLIAM
Address: 3359-D GARDENS EAST DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VPD (X) Delete
Name: KALKANIDIS, CHRISTOS
Address: 3359C GARDENS EAST DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: STD () Delete
Name: SCULLY, BARBARA
Address: 3339 B GARDENS EAST DRIVE
City-St-Zip: P.BCH.GARDENS, FL 33410

Title: D () Delete
Name: ONEILL, OWEN
Address: 33490 GARDENS EAST DR.
City-St-Zip: PALM BEACH GARDENS, FL 33410

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 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: WILLIAM ROCHE

P

04/11/2007

Electronic Signature of Signing Officer or Director

Date