

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 743685

1. Entity Name
BREEZEWOOD HOMEOWNERS ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 AUG 13 AM 11:12



Principal Place of Business
3359 D GARDENS EAST DR
PALM BEACH GARDENS, FL 33410-4698

Mailing Address
PO BOX 221674
WEST PALM BEACH, FL 33422

2. Principal Place of Business - No P.O. Box #

3339 GARDENS EAST DR.

3. Mailing Address

3339 GARDENS EAST DR.

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

07172008 Chg-NP CR2E037 (12/06)

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

4. FEI Number
59-2263634

Applied For
Not Applicable

Zip

33410

Country

Zip

33410

Country

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

6. Name and Address of Current Registered Agent

ALLIED PROPERTY MANAGEMENT GRP. INC
745 US 1 SUITE 209
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name ANN GROVES

Street Address (P.O. Box Number is Not Acceptable)

3339 Gardens East Dr. A

City

Palm Beach GARDENS

FL

Zip Code

33410

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

Ann M Groves Ann Groves, Treasurer

8-7-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

Amended AR is \$61.25

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 P
NAME ROCHE, WILLIAM
STREET ADDRESS 3359-D GARDENS EAST DR
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 ☒ Delete

TITLE SD
NAME SCULLY, BARBARA
STREET ADDRESS 3339 B GARDENS EAST DRIVE
CITY-ST-ZIP P.BCH.GARDENS, FL 33410 ☐ Delete

TITLE VP
NAME ONEILL, OWEN
STREET ADDRESS 33490 GARDENS EAST DR.
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 ☐ Delete

TITLE TD
NAME GROVES, ANNE
STREET ADDRESS 3339 GARDEN EAST DR # A
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS 400134553794
CITY-ST-ZIP 08/18/08--01056--007 **\$61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME ONEIL, OWEN
STREET ADDRESS 3349 D GARDENS EAST DRIVE
CITY-ST-ZIP Palm Beach Gardens, FL 33410 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP B 8/14/08 ☐ Change ☐ 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:

Ann M Groves Ann M Groves 7-24-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-
281-
5745