

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 743685

FILED
Nov 18, 2009
Secretary of State

Entity Name: BREEZEWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3339 GARDENS EAST DR, APT A
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

3339 GARDENS EAST DR, APT A
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 59-2263634 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GROVES, ANN
3339 GARDENS EAST DR, APT A
PALM BEACH GARDENS, FL 33410 US

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: ANN GROVES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: GROVES, ANNE
Address: 3339 GARDENS EAST DR, APT A
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

Title: P () Delete
Name: ONEILL, OWEN
Address: 3349 D GARDENS EAST DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: GROVES, ANN
Address: 3339 A GARDENS EAST DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

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

Title: VP () Change (X) Addition
Name: ROCHE, WILLIAM
Address: 3359 D GARDENS EAST DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: ANN GROVES

TD

11/18/2009

Electronic Signature of Signing Officer or Director

Date