

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 746673</b> 1. Entity Name BREEZY VILLAGE HOME OWNERS ASSOCIATION, INC.						<b>FILED</b> 06 MAY 19 PM 5:07 <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">04/27/06 90220 023 6125</div>	
Principal Place of Business 9600 96TH WAY SEBASTIAN, FL 32958				Mailing Address 9600 96TH WAY SEBASTIAN, FL 32958			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ROMANO, JOSEPHINE 9735 61ST PKWY SEBASTIAN, FL 32958				Name <u>MARY DUNKLEY</u> Street Address (P.O. Box Number is Not Acceptable) <u>9715 61ST PLACE</u> City <u>SEBASTIAN</u> FL Zip Code <u>32958</u>			
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 <u>MARY DUNKLEY</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<u>Mary Dunkley</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE <u>5-15-06</u>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	TD ROMANO, JOSEPHINE 9735 61ST PKWY SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD. DUNKLEY, MARY 9715 61ST PL. SEBASTIAN, FL 32958.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAN ALLEN, CAROLYN 9705 61ST PKWY SEBASTIAN, FL 32958	<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	PD MASSIE, BERNIE 3171 - 98TH PL SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. CARL-CHARLES W. 6111 98TH ST. SEBASTIAN, FL 32958		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WIBLE, ENID 9790 61ST PKWY SEBASTIAN, FL 32958	<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		<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		<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.							
SIGNATURE: <u>Mary Dunkley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>5-15-06</u> <u>772-589-9871</u> <small>Date Daytime Phone #</small>			