2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mar 19, 2008 8:00 am Secretary of State **DOCUMENT #746673** 03-19-2008 90029 009 ****61.25 BREEZY VILLAGE HOME OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 9600 96TH WAY 9600 96TH WAY SEBASTIAN, FL 32958 SEBASTIAN, FL 32958 03042008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1999494 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EVANS, JOAN R DO NOT WRITE 9750 61ST TERRACE SEBASTIAN, FL 32958 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Due by May 1, 2008 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME EVANS, JOAN STREET ADDRESS 9750 61ST TERRACE CITY-ST-7IP SEBASTIAN, FL 32958 TITLE VAN ALLEN, CAROLYN STREET ADDRESS 9705 61ST PKWY CITY-ST-ZIP SEBASTIAN, FL 32958 TILE NAME STREET ADDRESS **VANTORANA** 9750 61st Parkway

CITY-ST-ZIP 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:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SEBASTIAN, FL 32958

SEBASTIAN, FL 32958

XXXXXXXXXXX

Joan Evans vans

Storck, Bob

IN THIS SPACE

FILED