

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 750560

1. Entity Name
BAHAMA BREEZE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**685 E. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441 US**

Mailing Address
**685 E. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441 US**



01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2548763	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WHEELER, DONALD B
685 E. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441**

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	SIEGEL, SANDRA S
STREET ADDRESS	685 E. HILLSBORO BLVD.
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	T
NAME	SIEGEL, ANTHONY A
STREET ADDRESS	685 E. HILLSBORO BLVD.
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	VP
NAME	KLEMETSMO, BRIAN D
STREET ADDRESS	685 E. HILLSBORO BLVD.
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	D
NAME	WHEELER, JUDY
STREET ADDRESS	685 E. HILLSBORO BLVD.
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	D
NAME	SHEA, KIMBERLY
STREET ADDRESS	685 E. HILLSBORO BLVD.
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	P
NAME	WHEELER, DONALD B
STREET ADDRESS	685 E. HILLSBORO BLVD.
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441

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01/17/06-80006-016 \$1.25

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IN THIS SPACE**

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: Sandra S. Siegel SANDRA S. Siegel 1/1/06 561-391-1411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #