

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90328 036 ****61.25

| | | | | | |
|---|------------------------------------|--|---|---|--|
| DOCUMENT # 755703 1. Entity Name ISLAND BREEZE ASSOCIATION, INC. | | | | | |
| Principal Place of Business P.O. BOX 27 FT WALTON BCH, FL 32549 | | | Mailing Address P.O. BOX 27 FT WALTON BCH, FL 32549 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2433631 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CRANE, KAREN R 328 SUDDUTH CIRCLE NE FORT WALTON BEACH, FL 32547 | | | Name CRANE, KAREN R Street Address (P.O. Box Number is Not Acceptable) 805 HOLBROOK CIRCLE FT. WALTON BEACH, City FL Zip Code 32547 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MENENDIAN, LORETTA | | NAME | | |
| STREET ADDRESS | 372 BLUEFISH DR. APT 102 | | STREET ADDRESS | | |
| CITY-ST-ZIP | FT. WALTON BEACH, FL 32548 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FOX, LINDA | | NAME | | |
| STREET ADDRESS | 4761 HICKORY SHORE BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | GULF BREEZE, FL 32561 | | CITY-ST-ZIP | | |
| TITLE | ST | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CRANE, KAREN R | | NAME | CRANE, KAREN R | |
| STREET ADDRESS | 328 SUDDUTH CIRCLE NE | | STREET ADDRESS | 805 HOLBROOK CIRCLE | |
| CITY-ST-ZIP | FORT WALTON BEACH, FL 32548 | | CITY-ST-ZIP | FT. WALTON BEACH, FL 32547 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | D | |
| STREET ADDRESS | | | STREET ADDRESS | MONTALTO, RYAN | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | 8 ANASTASIA DR. | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | D | |
| STREET ADDRESS | | | STREET ADDRESS | MONTALTO, BRANDON | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | 372 BLUEFISH DR. #101 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | FT. WALTON BEACH, FL 32548 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12: I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>KAREN R. CRANE</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 4/13/05 (850) 428-0660 Date Daytime Phone # | | |

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