

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90020 038 \*\*\*\*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

**60024063**



2. Principal Place of Business - No P.O. Box #  
**372 BLUEFISH DR.**

3. Mailing Address

Suite, Apt. #, etc.  
**APT. 102**

Suite, Apt. #, etc.

City & State  
**FT. WALTON BEACH**

City & State

Zip  
**32548**

Country  
**FLANDERS**

Zip

Country

04102008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2433631**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**MENENDIAN, LORETTA**  
**372 BLUEFISH DR APT 102**  
**FORT WALTON BEACH, FL 32548**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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 signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
**P**  
**MENENDIAN, LORETTA**  
**372 BLUEFISH DR. APT 102**  
**FT. WALTON BEACH, FL 32548**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT**  
**MENENDIAN LORETTA**  
**372 BLUEFISH DR. APT. 102**  
**FT. WALTON BEACH, FL 32548**  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**FOX, LINDA**  
**4761 HICKORY SHORE BLVD**  
**GULF BREEZE, FL 32561**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST**  
**CRANE, KAREN R**  
**805 HOLBROOK CIRCLE**  
**FORT WALTON BEACH, FL 32547**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D.**  
**STELLA CARR**  
**P.O. BOX 742**  
**7 STANFORD AVE N.E. F.W.B. 32549**  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**MONTALTO, RYAN**  
**8 ANASTASIA DR**  
**FORT WALTON BEACH, FL 32548**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D. PAULA E. MCLENDON**  
**435 16TH STREET**  
**CALERA A.L. 35040**  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**MONTALTO, BRANDON**  
**372 BLUEFISH DR #101**  
**FORT WALTON BEACH, FL 32548**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**AUSTIN F. CRIBBS**  
**372 BLUEFISH DR. APT. 201**  
**FORT WALTON BEACH FL 32548**  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/14/08** **850-302-0138**