2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 755703					04-16-2008 90020 038 ****61.25					
1. Entity Name ISLAND BREEZE ASSOCIATION, INC.										
P.O.BOX 27	BCH, FL 32549	Mailing Address P.O.BOX 27 FT WALTON BCH, FL 32	X 27		6(0024063	}		e) (1) (4)	
2 Principal S	Name of Business No BO Roy #	2 Mailing Address								
3. Principal Place of Business - No P.O. Box # 3. Mailing Address 312 BLUEFISH DR.								ELEN SION BIBLL	B B 1601	
Suite, Apt. #, etc. APT. 102		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04102008 Chg-NP CR2E037 (12/06)					
		City & State	City & State		4. FEI Number 59-2433			- 	Applicable	
Zip Country		Zip ·	Cip · Country		5 Cartificate of Status Pagind \$8.75 Additional					
6. Name and Address of Current Register		gistered Agent	ed Agent		5. Cermicate of Status Desired Fee Required 7. Name and Address of New Registered Agent					
MENEND		g	Name					3		
MENENDIAN, LORETTA 372 BLUEFISH DR APT 102			Street	Street Address (P.O. Box Number is Not Acceptable)						
FOR∓WA	LTON BEACH, FL 32548		-							
			City	City FI 20 Code						
	named entity submits this statement for the	ne purpose of changing its r	egistered office	or register	red agent, or both	, in the State of FI	orida. Fa m fa	amiliar with, a	and accept	
the obligat	ions of registered agent.						-			
SIGNATURE										
	Signature, typed or printed name of registered agent and	title il applicable. (NOTE:	Registered Agent sig-	nature required	d when reinstating)		DATE			
		·			3,		URIE			
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		lake check rida Depart			
10.	Due by May 1, 2008 OFFICERS AND DIRECT	Trust Fund Co	paign Financing Intribution.]	\$5.00 May Be	Flo	lake check rida Depart	ment of St	10	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008	Trust Fund Co	paign Financing Intribution.	PT ME	\$5.00 May Be Added to Fees ADDITIONS/CHA ENENDIA 72 BLUEF	NGES TO OFFICE N LORE	Make check rida Depart ERS AND DIR	ECTORS IN Change	ate	
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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: (