

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755703

FILED  
Feb 20, 2011  
Secretary of State

**Entity Name:** ISLAND BREEZE ASSOCIATION, INC.

**Current Principal Place of Business:**

372 BLUEFISH DR.  
APT. 102  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 27  
FT WALTON BCH, FL 32549

**New Mailing Address:**

**FEI Number:** 59-2433631

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MENENDIAN, LORETTA P  
Address: 372 BLUEFISH DR.APT 102  
City-St-Zip: FT.WALTON BEACH, FL 32548

Title: T  
Name: CHRISTOPHER, LORI T  
Address: 372 BLUEFISH DRIVE PT.203  
City-St-Zip: FT.WALTON BEACH, FL 32548

Title: D  
Name: STELLA, CARR  
Address: P.O. BOX 742  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D  
Name: MCLENDON, PAULA E  
Address: 435 16TH STREET  
City-St-Zip: CALERA, AL 35040

Title: D  
Name: CRIBBS, AUSTIN F  
Address: 372 BLUEFISH DR. APT. 201  
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LORI L CHRISTOPHER

T

02/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date