

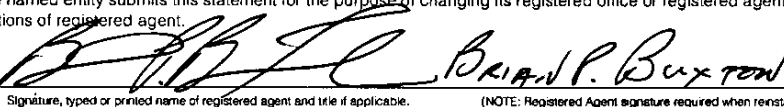
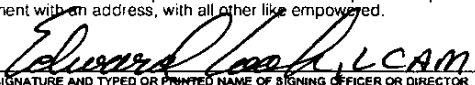


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90165 003 \*\*\*\*61.25

<b>DOCUMENT # 765214</b>					
1. Entity Name BREEZEWAY VILLAS, INC.					
Principal Place of Business 3001 EXECUTIVE DRIVE STE 260 CLEARWATER, FL 33762 US			Mailing Address 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER, FL 33762 US		
2. Principal Place of Business		3. Mailing Address		 04102006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2434718	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE, STE 260 CLEARWATER, FL 33762				7. Name and Address of New Registered Agent	
				Name <u>Buxton Properties, Inc.</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>147 N. Belcher Road</u>	
				City <u>Largo, FL</u>	Zip Code <u>33771</u>
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 <u>4-10-06</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARSHALL, SHARON		NAME		
STREET ADDRESS	4967-B 91ST. AVE. NORTH		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 33782		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILES, DAVID P		NAME		
STREET ADDRESS	4971 A 91ST AVENUE NORTH		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 33782		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, RITA		NAME		
STREET ADDRESS	4645-A 91ST AVE. NORTH		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 33782		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 				DATE <u>4/10/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE # <u>727-538-0034</u>	