


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90056 007 ****61.25

DOCUMENT # 765214

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, No P.O. Box #
147 N. Belcher Rd

3. Mailing Address
147 N. Belcher Rd

Suite, Apt. #, etc.
Suite 2

Suite, Apt. #, etc.
Suite 2

04112007 Chg-NP CR2E037 (12/06)

City & State
Largo, FL

City & State
Largo, FL

4. FEI Number
59-2434718

Applied For
 Not Applicable

Zip
33771

Country
USA

Zip
33771

Country
USA

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

6. Name and Address of Current Registered Agent

**BUXTON PROPERTIES, INC.
 147 N. BELCHER ROAD
 LARGO, FL 33771**

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 *Edward Cochran* DATE 4/12/2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is **\$61.25** Due by **May 1, 2007**

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	VPD MARSHALL, SHARON 4967-B 91ST AVE. NORTH PINELLAS PARK, FL 33782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILES, DAVID P 4971 A 91ST AVENUE NORTH PINELLAS PARK, FL 33782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAMS, RITA 4645-A 91ST AVE. NORTH PINELLAS PARK, FL 33782 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Edward Cochran* DATE 4/11/07 DAYTIME PHONE # 727-538-0034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR