

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 13, 2009**  
**Secretary of State**

DOCUMENT# 765214

Entity Name: BREEZEWAY VILLAS, INC.

**Current Principal Place of Business:**147 N BELCHER RD  
SUITE 2  
LARGO, FL 33771 US**New Principal Place of Business:**24701 US HIGHWAY 19 N SUITE 102  
CLEARWATER, FL 33763 US**Current Mailing Address:**147 N BELCHER RD  
SUITE 2  
LARGO, FL 33771 US**New Mailing Address:**24701 US HIGHWAY 19 N SUITE 102  
CLEARWATER, FL 33763 US

FEI Number: 59-2434718

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**BUXTON PROPERTIES, INC.  
147 N. BELCHER ROAD  
LARGO, FL 33771 US**Name and Address of New Registered Agent:**AMERI-TECH REALTY, INC.  
24701 US HIGHWAY 19 N SUITE 102  
CLEARWATER, FL 33771 US

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: MICHAEL G PEREZ, PRESIDENT

08/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: VPD ( ) Delete  
Name: FERNANDEZ, FRANK  
Address: 4933-B 91 ST AVE. NORTH  
City-St-Zip: PINELLAS PARK, FL 33772 USTitle: PD ( ) Delete  
Name: MILES, DAVID P  
Address: 4971 A 91ST AVENUE NORTH  
City-St-Zip: PINELLAS PARK, FL 33782 USTitle: T ( ) Delete  
Name: TRIFLER, JACKIE  
Address: 4935-B 91ST AVE NORTH  
City-St-Zip: PINELLAS PARK, FL 33782 USTitle: D ( ) Delete  
Name: JENSEN, PATRICIA  
Address: 1078 MONTICELLO BLVD.  
City-St-Zip: ST. PETERSBURG, FL 33703 USTitle: D ( ) Delete  
Name: MARR, ELIZABETH  
Address: 4971-C 91ST AVE N  
City-St-Zip: PINELLAS PARK, FL 33782 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID P MILES

PD

08/13/2009

Electronic Signature of Signing Officer or Director

Date