

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769165

FILED
May 18, 2005
Secretary of State

Entity Name: OCEAN BREEZE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 373170
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

PO BOX 373170
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 59-2481707 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RING, ELIZABETH
800 POINSETTA DR
#5
INDIAN HARBOR BCH, FL 32937 US

Name and Address of New Registered Agent:

FIELDS, COLLEEN
810 POINSETTA DR
#11
INDIAN HARBOR BCH, FL 32937 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: COLLEEN D. FIELDS

05/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FIELDS, COLEEN
Address: 800 POINSETTA DR #11
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: SD () Delete
Name: WITZLEB, MARGARET
Address: 800 POINSETTA DR #2
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: TD () Delete
Name: RING, ELIZABETH
Address: 800 POINSETTA DR #5
City-St-Zip: INDIAN HARBOUR BEACH, F; 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MURRY, CHARLIE
Address: 800 POINSETTA DR #6
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: SD (X) Change () Addition
Name: DUVALL, MICKEY
Address: 810 POINSETTA DR #12
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: TD (X) Change () Addition
Name: FIELDS, COLLEEN
Address: 810 POINSETTA DR #11
City-St-Zip: INDIAN HARBOUR BEACH, F; 32937

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: COLLEEN D. FIELDS

TD

05/18/2005

Electronic Signature of Signing Officer or Director

Date