
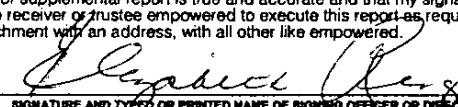


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90229 007 ****61.25

DOCUMENT # 769165 1. Entity Name OCEAN BREEZE OWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 373170 SATELLITE BEACH, FL 32937			Mailing Address PO BOX 373170 SATELLITE BEACH, FL 32937		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2481707			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FIELDS, COLLEEN 810 POINSETTA DR #11 INDIAN HARBOR BCH, FL 32937			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD MURRY, CHARLIE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	800 POINSETTA DR #6		NAME		
STREET ADDRESS	INDIAN HARBOUR BEACH, FL 32937		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD DUVALL, MICKEY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	810 POINSETTA DR #12		NAME		
STREET ADDRESS	INDIAN HARBOR BEACH, FL 32937		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD FIELDS, COLLEEN <input checked="" type="checkbox"/> Delete		TITLE	T.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	810 POINSETTA DR #11		NAME	RING, Elizabeth	
STREET ADDRESS	INDIAN HARBOUR BEACH, F; 32937		STREET ADDRESS	800 POINSETTA DR. #5	
CITY-ST-ZIP			CITY-ST-ZIP	Indian Harbour Beach, FL 32937	
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: 			4/20/06 727-9339 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					