

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769165

FILED  
Apr 22, 2008  
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:**

800-810 POINSETTA DR  
SATELLITE BEACH, FL 32937

**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 ( )**

**Name and Address of Current Registered Agent:**

FIELDS, COLLEEN  
810 POINSETTA DR  
#11  
INDIAN HARBOR BCH, FL 32937 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: PALMER, MARSHA  
Address: 800 POINSETTA AVE. #1  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: STD ( ) Delete  
Name: DUVALL, MICKEY  
Address: 810 POINSETTA DR #12  
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

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

**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:

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: ELIZABETH RING

PD

04/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date