

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2006 8:00 am**  
**Secretary of State**

07-05-2006 90002 047 \*\*\*\*61.25

40037034



<b>DOCUMENT # 771081</b> 1. Entity Name <b>CORAL BREEZE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O AMERICAN CONDO MGMT.          909 SE 47TH TERR #105          CAPE CORAL, FL 33904 US</b>			Mailing Address <b>C/O AMERICAN CONDO MGMT.          P.O. BOX 100399          CAPE CORAL, FL 33910 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <b>615 Cape Coral Pkwy W, #103</b>		Suite, Apt. #, etc.			
City & State		City & State			
Zip <b>33914</b>	Country	Zip	Country	4. FEI Number <b>59-2529504</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KASE, SUSAN          C/O AMERICAN CONDO MGMT.          909 SE 47TH TERR #105          CAPE CORAL, FL 33904</b>			Name Street Address (P.O. Box Number is Not Acceptable) <b>615 Cape Coral Pkwy W, #103</b> City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code <b>33914</b></span> </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 <u><i>Susan Kase</i></u> <u><i>Susan Kase</i></u> <u><i>5/30/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST ERICKSON, TORY 4616 SE 6TH AVE., STE. 102 CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V DODADDU, SU 4616 SE 6TH AVE STE 104 CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P MITCHINSON, DEAN 4120 SW 6TH PL CAPE CORAL, FL 33914</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <u><i>Tory Erickson</i></u> <u><i>TORY ERICKSON</i></u> <u><i>5/30/06</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

239-542-4404