2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State
05-04-2007 90101 025 ****61.25

DOCUMENT # 771081

1. Entity Name
CORAL BREEZE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O AMERICAN CONDO MGMT. 615 CAPE CORAL PKWY W #103 CAPE CORAL, FL 33914 US	C/O AMERICAN CONDO MGMT. P.O. BOX 100399 CAPE CORAL, FL 33910 US

DO NOT WRITE IN THIS SPACE

05012007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2529504
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KASE, SUSAN
C/O AMERICAN CONDO MGMT.
615 CAPE CORAL PKWY W, #103
CAPE CORAL, FL 33914

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ERICKSON, TORY
STREET ADDRESS	4616 SE 6TH AVE., STE. 102
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	V
NAME	DODADDO, SU
STREET ADDRESS	4616 SE 6TH AVE STE 104
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	STD
NAME	LANGSTON, MILTON
STREET ADDRESS	4616 SE 6TH AVE #101
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Tory Erickson TORY ERICKSON, Pres. 4/30/07 239-542-4404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #