

not  
2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90246 034 \*\*\*150.00

**DOCUMENT # F04000005432**

1. Entity Name

ORLANDO BREEZE RESORT CLUB, INC.



Principal Place of Business

1221 RIVER BEND, SUITE 120  
DALLAS, TX 75247

Mailing Address

1221 RIVER BEND, SUITE 120  
DALLAS, TX 75247

00010406

**DO NOT WRITE IN THIS SPACE**

04262006 No Chg-P CR2E034 (11/05)

4. FEI Number

55-0883100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.  
1333 N. DUVAL STREET  
TALLAHASSEE, FL 32303

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	CALLAWAY, DANA
STREET ADDRESS	640 E. ROCKFORD
CITY-ST-ZIP	BRANSON, MO 65616
TITLE	S
NAME	CEARLEY, SANDRA
STREET ADDRESS	P.O. BOX 358
CITY-ST-ZIP	DALLAS, TX 75221
TITLE	DVP
NAME	HINCH, ELIZABETH
STREET ADDRESS	18270 SINGING WOOD LANE
CITY-ST-ZIP	FLINT, TX 75762
TITLE	D
NAME	RASSO, MARIE
STREET ADDRESS	RT. 4 BOX 910
CITY-ST-ZIP	KIMBERLING CITY, MO 65686
TITLE	D
NAME	<del>SPIEWAK, STEVE</del> Walker, Joshua
STREET ADDRESS	190 MEADOW STREET 121 Emerald Loop
CITY-ST-ZIP	SOUTH LEE, MA 01260 Davenport, FL 33837
TITLE	DP
NAME	LEVY, ROBERT G
STREET ADDRESS	18270 SINGING WOOD LANE
CITY-ST-ZIP	FLINT, TX 75762

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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 607, 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:**

*Sandra Cearley* Corporate Secretary

4/26/06

214-631-1166 x.2214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #