


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90115 050 ****61.25

DOCUMENT # N01000004633 1. Entity Name GULF BREEZE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2106 GULF DR NORTH HOLMES BEACH, FL 34217			Mailing Address C/O HBPM P.O. BOX 1607 HOLMES BEACH, FL 34217		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1126063	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CONDON, TOM 6400 MANATEE AVE. STE. G BRADENTON, FL 34209				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZACHOS, DAVID		NAME	CREIGHTON FAUST	
STREET ADDRESS	4703 HUNTERS RUN		STREET ADDRESS	2155 TURN BERRY COURT	
CITY-ST-ZIP	SARASOTA, FL 34241		CITY-ST-ZIP	CENTER VALLEY PA 18034	
TITLE	V	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, MICHAEL		NAME		
STREET ADDRESS	1302 LAKEHURST WAY		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IBACH, DANIEL		NAME		
STREET ADDRESS	9210 CENTER COURT WAY		STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE, TN 37922		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONDON, TOM		NAME		
STREET ADDRESS	6400 MANATEE AVE WEST SUITE G		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34209		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: <u>Thomas E. Condon</u> <i>Mgr./Agent</i> <u>4/25/08</u> <u>(941) 779 2223</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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