## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000004633

City-St-Zip:

CENTER VALLEY, PA 18034

FILED Mar 21, 2009 Secretary of State

Entity Name: GULF BREEZE CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 2106 GULF DR NORTH HOLMES BEACH, FL 34217 **Current Mailing Address: New Mailing Address:** C/O HBPM P.O. BOX 1607 HOLMES BEACH, FL 34217 FEI Number: 65-1126063 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONDRON, TOM HOLMES BEACH PROPERTY MANAGEMENT 6400 MANATEE AVE. 6400 MANATEE AVE. STE. G BRADENTON, FL 34209 US BRADENTON, FL 34209 US 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: TOM CONDRON 03/21/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition FOX, MICHAEL FOX, MATHEW Name: Name: 1302 LAKEHURST WAY Address: 1302 LAKEHURST WAY Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: BRANDON, FL 33511 Title: Title: ( ) Delete () Change () Addition Name: IBACH, DANIEL Name: Address: 9210 CENTER COURT WAY Address: City-St-Zip: KNOXVILLE, TN 37922 City-St-Zip: Title: () Delete Title: () Change () Addition CONDRON, TOM Name: Name: 6400 MANATEE AVE WEST SUITE G Address: Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: Title: ( ) Delete Title: () Change () Addition CREIGHTON, FAUST Name: Name: Address: 2155 TURNBERRY COVER Address:

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.

City-St-Zip:

SIGNATURE: TOM CONDRON Μ 03/21/2009