

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01927

1. Entity Name
OCEAN BREEZE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
235 CANAVERAL BCH. BLVD.
CAPE CANAVERAL, FL 32920 US

Mailing Address
235 CANAVERAL BCH. BLVD.
CAPE CANAVERAL, FL 32920 US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
04 SEP 30 PM 2:46



09152004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2777353 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYTON, CHARLES
235 CANAVERAL BCH. BLVD.
CAPE CANAVERAL, FL 32920

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HAYTON, CHARLES 235 CANAVERAL BCH. BLVD. CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOUCHARD, CAROL 243 CANAVERAL BCH. BLVD. CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETERS, PAT 231 CANAVERAL BCH BLVD CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Charles Hayton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #