## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01927

FILED Jan 25, 2006 Secretary of State

Entity Name: OCEAN BREEZE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

235 CANAVERAL BCH. BLVD.

CAPE CANAVERAL, FL 32920 US

CAPE CANAVERAL, FL 32920 US

CAPE CANAVERAL, FL 32920 US

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-2777353 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:

HAYTON, CHARLES
235 CANAVERAL BCH. BLVD.
CAPE CANAVERAL, FL 32920 US
POINDEXTER, EILEEN
241 CANAVERAL BCH. BLVD.
CAPE CANAVERAL, FL 32920 US
CAPE CANAVERAL, FL 32920 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: EILEEN POINDEXTER 01/25/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PT
 ( ) Delete
 Title:
 T
 (X) Change ( ) Addition

 Name:
 HAYTON, CHARLES
 Name:
 POINDEXTER, EILEEN

 Address:
 235 CANAVERAL BCH. BLVD.
 Address:
 241 CANAVERAL BCH. BLVD.

 City-St-Zip:
 CAPE CANAVERAL, FL 32920 US
 City-St-Zip:
 CAPE CANAVERAL, FL 32920 US

Title: V ( ) Delete Title: P (X) Change ( ) Addition Name: BOUCHARD, CAROL P ( ) Name: BOUCHARD, CAROL

Address: 243 CANAVERAL BCH. BLVD.
City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: CAPE CANAVERAL, FL 32920

 Name:
 PETERS, PAT
 Name:
 DELEON, MANUEL

 Address:
 231 CANAVERAL BCH BLVD
 Address:
 239 CANAVERAL BCH BLVD

 City-St-Zip:
 CAPE CANAVERAL, FL 32920
 City-St-Zip:
 CAPE CANAVERAL, FL 32920

Title: ( ) Delete Title: S ( ) Change (X) Addition

 Name:
 Name:
 POINDEXTER, TONY

 Address:
 Address:
 241 CANAVERAL BCH BLVD

 City-St-Zip:
 City-St-Zip:
 CAPE CANAVERAL, FL 32920

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: EILEEN POINDEXTER T 01/25/2006