

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01927

FILED
Apr 25, 2008
Secretary of State

Entity Name: OCEAN BREEZE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

5085 BRADBIE LN
COCOA, FL 32926 US

FEI Number: 59-2777353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POINDEXTER, TONY
241 CANAVERAL BCH. BLVD.
CAPE CANAVERAL, FL 32920 US

Name and Address of New Registered Agent:

MANUEL, DE LEON
5085 BRADBIE LN
COCOA, FL 32926 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: MANUEL DE LEON

04/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: POINDEXTER, TONY
Address: 241 CANAVERAL BCH. BLVD.
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: P () Delete
Name: CHASTAIN, TOM
Address: 233 CANAVERAL BCH. BLVD.
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: V () Delete
Name: DELEON, MANUEL
Address: 239 CANAVERAL BCH BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: S () Delete
Name: POINDEXTER, TONY
Address: 241 CANAVERAL BCH BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: MANUEL, DE LEON
Address: 5085 BRADBIE LN
City-St-Zip: COCOA, FL 32926 US

Title: P (X) Change () Addition
Name: POINDEXTER, TONY
Address: 241 CANAVERAL BCH. BLVD.
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: V (X) Change () Addition
Name: CHASTAIN, TOM
Address: 233 CANAVERAL BCH BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: S (X) Change () Addition
Name: POINDEXTER, EILEEN
Address: 241 CANAVERAL BCH BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

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.

SIGNATURE: MANUEL DE LEON

T

04/25/2008

Electronic Signature of Signing Officer or Director

Date