

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008942

FILED
Jan 19, 2009
Secretary of State

Entity Name: WEST BREEZE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2189 CLEVELAND STREET, #225
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

2189 CLEVELAND STREET, #225
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-2329453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIGHTON, LENNARD A
2189 CLEVELAND STREET, #225
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GINER, GEOFF
Address: 4894 WEST BREEZE CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

Title: TD () Delete
Name: KIKIS, VICTORIA
Address: 4973 WEST BREEZE CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

Title: PD () Delete
Name: DEFELIX, BRUCE
Address: 4933 WEST BREEZE CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: GEINER, GEOFF
Address: 4894 WEST BREEZE CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

Title: STD (X) Change () Addition
Name: KIKIS, VICTORIA
Address: 4976 WEST BREEZE CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRUCE DEFELIX

PD

01/19/2009

Electronic Signature of Signing Officer or Director

Date