

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008942

**FILED**  
**Jan 12, 2010**  
**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  
Name: GEINER, GEOFF  
Address: 4894 WEST BREEZE CIRCLE  
City-St-Zip: PALM HARBOR, FL 34683

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

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

I hereby 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 all other like empowered.

SIGNATURE: BRUCE DEFELIX

PD

01/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date