2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003715

Entity Name: BREEZE CONDOMINIUM ASSOCIATION, INC.

FILED Jan 28, 2008 Secretary of State

US

Current Principa	al Place of Business:	New Principal Place of Business:

1555 NORTH TREASURE DRIVE NORTH BAY VILLAGE, FL 33141 US

Current Mailing Address: New Mailing Address:

C/O BLUE SKY MIAMI

1680 MICHIGAN AVE STE 908

MIAMI BEACH, FL 33139 US

C/O DEVAN MCNALLY, LCAM

8606 WHITE CAY

WEST PALM BEACH, FL 33411

FEI Number: 01-0822466 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:

MICHAEL, GOMEZ ESQ.

1930 TYLER ST
HOLLYWOOD, FL 33020 US

BIRNHOLZ, MICHAEL ESQ.
1025 KANE CONCOURSE
SUITE 203

BAY HARBOR ISLANDS, FL 33154 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: MICHAEL BIRNHOLZ 01/28/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: STEELE, STEVEN Name: PHILLIPS, DONNA
Address: 6970 SW 124 STREET Address: 1555 N TREASURE DRIVE UNIT 410
City-St-Zip: MIAMI, FL 33156 US City-St-Zip: NORTH BAY VILLAGE, FL 33141 US

Title: VD () Delete Title: D (X) Change () Addition

Name: MARQUES, PATRICIA Name: GRAHAM, DOUGLAS

Address: 1555 NORTH TREASURE DRIVE 513 Address: 1555 NORTH TREASURE DRIVE 511
City-St-Zip: NORTH BAY VILLAGE, FL 33141 US City-St-Zip: NORTH BAY VILLAGE, FL 33141 US

 $\label{eq:title:Title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: OJMAN, PABLO Name: WARR, DEREK

Address: 1555 NORTH TREASURE DR 413 Address: 1555 NORTH TREASURE DR 304
City-St-Zip: NORTH BAY VILLAGE, FL 33141 US City-St-Zip: NORTH BAY VILLAGE, FL 33141 US

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: DONNA PHILLIPS D 01/28/2008