2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000003715

TI FILED

Nov 05, 2008

Secretary of State

Entity Name: BREEZE CONDOMINIUM ASSOCIATION, INC.

Current Principal 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 BROAD OF DIRECTORS

1555 N. TREASURE DRIVE, BOX #7

NORTH BAY VILLAGE, FL 33141 US

C/O BROAD OF DIRECTORS

1575 N. TREASURE DRIVE, BOX #7

NORTH BAY VILLAGE, FL 33141 US

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:

BECKER & POLIAKOFF, P.A.

C/O ROSA M. DE LA CAMARA, ESQ.

121 ALHAMBRA PLAZA, 10TH FLOOR

CORAL GABLES, FL 33134 US

NAUTICA MANAGEMENT, LLC

C/O RICHARD C MULLER, CAM

1575 N. TREASURE DR. BOX #7

NORTH BAY VILLAGE, FL 33141 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: RICHARD C MULLER 11/05/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 PHILLIPS, DONNA
 Name:

 Address:
 1555 N TREASURE DRIVE UNIT 410
 Address:

 City-St-Zip:
 NORTH BAY VILLAGE, FL 33141 US
 City-St-Zip:

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

 Name:
 GRAHAM, DOUGLAS
 Name:

 Address:
 1555 NORTH TREASURE DRIVE 511
 Address:

 City-St-Zip:
 NORTH BAY VILLAGE, FL 33141 US
 City-St-Zip:

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

Name: WARR, DEREK Name: PAO, LILIAN

Address: 1555 NORTH TREASURE DR 304 Address: 1555 NORTH TREASURE DR 215
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: RICHARD C MULLER MGR 11/05/2008