2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03559

FILED Apr 18, 2009 Secretary of State

Entity Name: GULF BREEZE SPORTS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

800 SHORELINE PARK GULF BREEZE, FL 32561

Current Mailing Address: New Mailing Address:

800 SHORELINE PARK GULF BREEZE, FL 32561

FEI Number: 59-2429258 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:

HAWTHORNE, TERESA 800 SHORELINE DRIVE GULF BREEZE, FL 32561

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:

L. _____

Electronic Signature of Registered Agent

US

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: MABRY, MIKE P (X) Change () Addition Name: SCHRIENER, RUSS

Name: MABRY, MIKE Name: SCHRIENER, RUSS
Address: 2866 BAY HEATHER Address: 3334 WEST AVE
City-St-Zip: GULF BREEZE, FL 32563 City-St-Zip: GULF BREEZE, FL 32563

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

Name: SCHRIENER, RUSS Name: NEWELL, BOB

 Address:
 3334 WEST AVE
 Address:
 2825 WHISPER BAY BLVD

 City-St-Zip:
 GULF BREEZE, FL 32561
 City-St-Zip:
 GULF BREEZE, FL 32563

Title: DT () Delete Title: () Change () Addition

 Name:
 AMBERSON, KRISTIN
 Name:

 Address:
 203 SABINE DR
 Address:

 City-St-Zip:
 PENSACOLA BEACH, FL 32561
 City-St-Zip:

 $\label{eq:title:S} {\sf Title:S} \qquad \qquad {\sf S} \qquad {\sf (A) Change (A) Addition}$

Name: HAWTHORNE, RICK Name: LIVELY, STEPHEN
Address: 1314 HARRISON AVE Address: 406 SHENANDOAH
City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip: GULF BREEZE, FL 32561

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: RUSS SCHRIENER P 04/18/2009