

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90187 048 ****61.25

DOCUMENT # N04362 1. Entity Name OCEAN BREEZE OF PERDIDO OWNERS ASSOCIATION, INC.					
Principal Place of Business 14508 PERDIDO KEY DR PENSACOLA, FL 32507			Mailing Address P O BOX 34110 PENSACOLA, FL 32507 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2699989	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ERIS, GRACE K 14508 PERDIDO KEY DR PENSACOLA, FL 32507				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Grace K. Eris</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/25/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURRIS, BILL 4200 CALLA DRIVE BARTLETT, TN 38135	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D John CASTO 429 Clubhouse Dr. Fairhope, AL. 36532 VP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FIELD, BARRY 755 PETERSBURG ROAD TUSCALOOSA, AL 35406	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DOSCH, TAMI PO BOX 1466 MANDEVILLE, LA 70470	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Carolyn Loudermilk 327 Bawdoin Ln Adairsville, GA 30103 P
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP BUFORD, SKIP 1906 BERMUDA SHREVEPORT, LA 71105	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DANBOM, DAVE 7213 CLYDESDALE DR PENSACOLA, FL 32506	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELLAVALLE, LINDA 325 MILL CREEK DR BRANDON, MS 39042	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>David C. Danbom</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>4/25/06</u> (850) 492-4632 <small>Date Daytime Phone #</small>	