2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12390

FILED Jan 20, 2004 Secretary of State

Entity Name: OCEAN BREEZE GOLF AND COUNTRY CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 5800 NW 2ND AVE. BOCA RATON, FL 33487 **Current Mailing Address: New Mailing Address:** 5800 NW 2ND AVE. BOCA RATON, FL 33487 FEI Number: 59-2641578 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: MILES, ANNE 5800 N.W. 2ND AVENUE BOCA RATON, FL 33487 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete POTTER, KIPP D Name: Name: 5800 NW 2ND AVE Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: VLAMING, JACQUELINE Name: Address: 5800 NW 2ND AVENUE Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: VPD () Delete Title: () Change () Addition AIN, DAVID Name: Name: 5800 NW 2ND AVENUE Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: ROSEN, CHARLES Name: Address: 5800 NW 2ND AVENUE Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition LOCOCO, GASPER Name: Name: TESLER, JERRY 5800 NW 2ND AVE 5800 NW 2ND AVE Address: Address: BOCA RATON, FL 33487 City-St-Zip: City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KIPP D POTTER PD 01/20/2004