2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 14, 2008 8:00 am Secretary of State DOCUMENT # N20699 1. Entity Name 02-14-2008 90017 007 \*\*\*\*61.25 BREEZY VILLAGE ASSOCIATION, INC. Principal Place of Business Mailing Address 9703 96TH WAY 9703 96TH WAY SEBASTIAN FL 32958 SEBASTIAN FL 32958 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State Applied For City & State 4. FEI Number 59-2860683 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SNAREY, TIMOTHY Street Address (P.O. Box Number is Not Acceptable) 4775 61ST WAY SEBASTIAN FL 32958 City 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 Signature, type-tion printed degreeol registered agent and title if applicable. (NOTE: Benistered Agent signature (en ared which recestating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing: Make Check Payable to: \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delate THEF Change Addition SNAREY, TIMOTHY HAME NAME 7317 MIDDLEBURG DR STREET ADDRESS STREET ADDRESS LAMBERTVILLE MI 48144-9559 OTTY-ST-ZIP CITY-ST-ZIP ☐ Defate TITLE Change Addition ANDERSON, JEAN NAME NAME 9785 61ST PLACE STHEET ADDRESS STREET ADDRESS SEBASTIAN FL 32958 CITY-ST-ZIP CITY-ST-ZIP 9790 61 st. place Delete TITLE Change ■ Addition KRINSKY, TONI" NAME NAME 6180 98TH ST STREET ADDRESS STREET ADDRESS SEBASTIAN FL 32958 CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE Change Addition O'NEILL, BEVERLY NAME NAME 9790 61ST PLACE STREET ADDRESS STREET ADDRESS SEBASTIAN FL 32958 CITY-ST-ZIF CITY-ST-ZP TITLE ☐ Delete TITLE Change neilibbA 🔲 NAME MASAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TOLE Change DELE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**FILED**