


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000001640</b> 1. Entity Name SUMMER BREEZE HOMEOWNERS ASSOCIATION, INC.	
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01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3293410</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  BIGGS, NEDA 125 SUMMER BREEZE RD PANAMA CITY BEACH, FL 32413	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, EVOLINA 218 SUMMER BREEZE RD PANAMA CITY, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BIGGS, NEDA 125 SUMMER BREEZE RD PANAMA CITY, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOSKING, ANTHONY 105 BIMIN COURT PANAMA CITY, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PUGH, CHRIS 115 SUMMER BREEZE RD PANAMA CITY, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEEKS, GREGORY 109 BIMINI CT PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/05-80010-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Neda A Biggs 1/5/05 850 230 0806  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #