

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001640

FILED
Mar 15, 2007
Secretary of State

Entity Name: SUMMER BREEZE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 7383
PANAMA CITY, FL 32413

New Principal Place of Business:

106 BIMINI CT
PANAMA CITY, FL 32413

Current Mailing Address:

P.O. BOX 7383
PANAMA CITY, FL 32413

New Mailing Address:

FEI Number: 59-3293410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLEY, DENISE E TREAS
110 BIMINI CT
PANAMA CITY BEACH, FL 32413 US

Name and Address of New Registered Agent:

MCDONALD, KELLY J TREAS
138 BONAIRE DRIVE
PANAMA CITY BEACH, FL 32413 US

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: KELLY MCDONALD

03/15/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: B AILLARGEON, PETER
Address: 106 BIMINI CT
City-St-Zip: PANAMA CITY, FL 32413

Title: DT () Delete
Name: GALLEY, DENISE E
Address: 110 BIMINI CT
City-St-Zip: PANAMA CITY, FL 32413

Title: DVP () Delete
Name: MILLER, STEVE
Address: 101 SUMMER BREEZE RD
City-St-Zip: PANAMA CITY, FL 32413

Title: S () Delete
Name: STEGALL, KATHY
Address: 101 BISCAYNE DR
City-St-Zip: PANAMA CITY, FL 32413

Title: D () Delete
Name: HILLIS, KELLY
Address: 138 BONAIRE DR
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GALLEY, DENISE E
Address: 110 BIMINI CT
City-St-Zip: PANAMA CITY, FL 32413

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: MCDONALD, KELLY J
Address: 138 BONAIRE DR
City-St-Zip: PANAMA CITY BEACH, FL 32413

I hereby certify that the information supplied with this filing does not qualify for the 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: KELLY MCDONALD

DT

03/15/2007

Electronic Signature of Signing Officer or Director

Date