

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001640

FILED
Mar 12, 2009
Secretary of State

Entity Name: SUMMER BREEZE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

125 BONAIRE DR
PANAMA CITY, FL 32413

New Principal Place of Business:

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:

HARAUGHTY, IRA F TREAS
103 BONAIRE DRIVE
PANAMA CITY BEACH, FL 32413 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: MCGRATH, WILLIAM
Address: 125 BONAIRE DR
City-St-Zip: PANAMA CITY, FL 32413

Title: D () Delete
Name: PUGH, CHRIS L
Address: 115 SUMMER BREEZE
City-St-Zip: PANAMA CITY, FL 32413

Title: DVP () Delete
Name: WILLIAMS, EVOLINA F
Address: 218 SUMMER BREEZE RD
City-St-Zip: PANAMA CITY, FL 32413

Title: S () Delete
Name: BALCH, MARILYN
Address: 107 NAUTICAL WAY
City-St-Zip: PANAMA CITY, FL 32413

Title: DT () Delete
Name: HARAUGHTY, IRA F JR
Address: 103 BONAIRE DR
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BAILLARGEON, PETER
Address: 106 BIMINI CT
City-St-Zip: PANAMA CITY, FL 32413

Title: DVP (X) Change () Addition
Name: PURCHASE, BILL
Address: 105 SUMMER BREEZE
City-St-Zip: PANAMA CITY, FL 32413

Title: D (X) Change () Addition
Name: HOSKING, ANTHONY
Address: 105 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:

I hereby certify that the information supplied with this filing does not qualify 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: IRA F. HARAUGHTY

DT

03/12/2009

Electronic Signature of Signing Officer or Director

Date