

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90001 020 ****70.00

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DOCUMENT # N97000003844					
1. Entity Name BREEZY HILL RECREATION CLUB, INC.					
Principal Place of Business BREEZY HILL MOBILE HOME AND R.V. PARK 800 NE 48TH STREET POMPANO BEACH, FL 33064			Mailing Address 795 NE 47TH STREET POMPANO BEACH, FL 33064		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0771872	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAYNES, RICHARD 795 NE 47TH STREET POMPANO BEACH, FL 33064			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DPT	<input type="checkbox"/> Delete	TITLE	DA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, RICHARD		NAME	CARON MARCEL	
STREET ADDRESS	795 NE 47TH STREET		STREET ADDRESS	608 NE 47TH PLACE	
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP	POMPANO, FL 33064	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUTHIER, BENOIT		NAME	COUTIERE MICHELINE	
STREET ADDRESS	315 NE 45TH STREET		STREET ADDRESS	603 NE 47TH PLACE	
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP	POMPANO, FL 33064	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEPINE, GILLES		NAME	LEON CAREAH	
STREET ADDRESS	771 NE 47TH PLACE		STREET ADDRESS	498 NE 45TH PLACE	
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP	POMPANO FL 33064	
TITLE	DA	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARENT, LOUISE		NAME	LACASSE RACHEL	
STREET ADDRESS	721 NE 47TH COURT		STREET ADDRESS	710 NE 47TH COURT	
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP	POMPANO FL 33064	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>Richard Haynes</u>		Date: <u>1-9-05</u>		Daytime Phone #: <u>603-382-8103</u> <u>954-942-6598</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
RICHARD HAYNES					