


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N97000006857 |  |
| 1. Entity Name OCEAN BREEZE HOMES CONDOMINIUM ASSOCIATION, INC. | |

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|---|---|
| Principal Place of Business 1155 SOUTH ATLANTIC AVENUE COCOA BEACH FL 32931 | Mailing Address 200 NORTH FIRST STREET COCOA BEACH FL 32931 |
|---|---|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt #, etc. | Suite, Apt #, etc. |
| City & State | City & State |
| Zip | Country |



1st MOORE CR2E037 (10/04)

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|------------------------------------|--|
| 4. FEI Number 59-3547160 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent |
| RIGERMAN, MARILYN A 200 NORTH FIRST STREET COCOA BEACH FL 32931 |

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| 7. Name and Address of New Registered Agent |
| 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 | Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|---|------|

**FILE NOW: FEE IS \$61.25
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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP FREEMAN, LARRY 1155 S ATLANTIC AVE COCOA BEACH FL 32931 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD GOOD, NANCY 1155 S ATLANTIC AVENUE UNIT 502 COCOA BEACH FL 32931 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DT CORM, JACK 1155 S ATLANTIC AVE COCOA BEACH FL 32931 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 changed, or on an attachment with an address, with all other like empowered

| | | | |
|------------------------------|---|------------------------|-----------------|
| SIGNATURE: <i>Nancy Good</i> | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Nancy Good | Date 1-22-05 | Daytime Phone # |
|------------------------------|---|------------------------|-----------------|