

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

Principal Place of Business 1155 SOUTH ATLANTIC AVENUE COCOA BEACH, FL 32931	Mailing Address 200 NORTH FIRST STREET COCOA BEACH, FL 32931
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RIGERMAN, MARILYN A 200 NORTH FIRST STREET COCOA BEACH, FL 32931		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

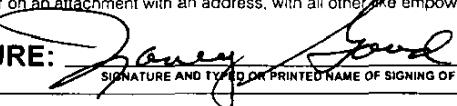
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FREEMAN, LARRY 1155 S ATLANTIC AVE COCOA BEACH, FL 32931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bill Blackstone 415 Boyce Circle Roswell GA 30076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOOD, NANCY 1155 S ATLANTIC AVENUE UNIT 502 COCOA BEACH, FL 32931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CORM, JACK 1155 S ATLANTIC AVE COCOA BEACH, FL 32951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R Potts 2261 Bullard Road Powder Springs GA 30087
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
May 27, 2008 8:00 am
Secretary of State**

05-27-2008 90034 028 ****61.25



01042008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3547160	<input type="checkbox"/> 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		7. Name and Address of New Registered Agent	
RIGERMAN, MARILYN A 200 NORTH FIRST STREET COCOA BEACH, FL 32931		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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SIGNATURE: 
Nancy Good 5-20-08
Date Daytime Phone #