

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90060 043 ****61.25

DOCUMENT # N99000005112

1. Entity Name
BEACH BREEZE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1250 TAMiami TRAIL NORTH
101
NAPLES, FL 34102

Mailing Address

1250 TAMiami TRAIL NORTH
101
NAPLES, FL 34102

40106000



04172007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3597561

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHEFFY, LOUIS W
FAIRLANE CORPORATION
821 5TH AVE S, SUITE 201
NAPLES, FL 34102

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<i>MICHAEL JOPP</i>
NAME	CROSS, KEN	<i>FRENCHLAND HOUSE</i>
STREET ADDRESS	280 4TH STREET SOUTH	<i>ASHINGTON SUSSEX,</i>
CITY-ST-ZIP	NAPLES, FL 34102	<i>rh 20 3df</i>
TITLE	TD	<i>GARY WOOD</i>
NAME	JOPP, MICHAEL	<i>6118 BEECH TREE</i>
STREET ADDRESS	FRENCHLAND HOUSE	<i>DR, ALEXANDRIA, VA</i>
CITY-ST-ZIP	ASHINGTON, SUSSEX, -rh20-3df	<i>22310</i>
TITLE	SD	
NAME	GORDON, MARY ANN	
STREET ADDRESS	171 WILLIAM DRIVE	
CITY-ST-ZIP	ANNAPOLIS, MD 21401	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**DO NOT WRITE
IN THIS SPACE**

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: *Bruce P. Morris, as agent*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07
Date

239-261-1111
Daytime Phone #