

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

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

**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**



01112008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3597561**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

**U00000888532  
04/22/08-80017-007 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	JOPP, MICHAEL
STREET ADDRESS	FRENCHLAND HOUSE ASHINGTON SUSSEX
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	TD
NAME	WOOD, GARY
STREET ADDRESS	6118 BEECH TREE DR.
CITY-ST-ZIP	ALEXANDRIA, VA 22310
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #