


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000055676		
1. Entity Name GULF BREEZE RESORTS, INC.		

Principal Place of Business 3015 N.OCEAN BOULEVARD SUITE 121 FORT LAUDERDALE, FL 33308	Mailing Address 3015 N.OCEAN BOULEVARD SUITE 121 FORT LAUDERDALE, FL 33308
---	---

07 MAY 25 11:54

TALLAHASSEE, FLORIDA



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1566648	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	-----------------------------------

## 6. Name and Address of Current Registered Agent

FOSTER, REBECCA A  
3015 N OCEAN BLVD.  
STE. 121  
FORT LAUDERDALE, FL 33308

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FOSTER, REBECCA A 3015 N.OCEAN BOULEVARD SUITE 121 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LANDAU, MARC J 3015 N.OCEAN BOULEVARD SUITE 121 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000104253200  
06/12/07--01006--001 \*\*\$295.00

DO NOT WRITE  
IN THIS SPACE

MM

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 607, 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 #

954.563.2444