

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 771081

**Entity Name:** CORAL BREEZE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O AMERICAN CONDO MGMT.  
4223 DEL PRADO BLVD.  
CAPE CORAL, FL 33904

**Current Mailing Address:**

C/O AMERICAN CONDO MGMT.  
P.O. BOX 100399  
CAPE CORAL, FL 33910 US

**FEI Number:** 59-2529504

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KASE, SUSAN  
C/O AMERICAN CONDO MGMT.  
4223 DEL PRADO BLVD.  
CAPE CORAL, FL 33904 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VPD  
Name RUDICH, CAROL  
Address C/O AMERICAN CONDO MGMT.  
P.O. BOX 100399  
City-State-Zip: CAPE CORAL FL 33910

Title PD  
Name KOHLMAYER, LIBBY  
Address C/O AMERICAN CONDO MGMT.  
4223 DEL PRADO BLVD.  
City-State-Zip: CAPE CORAL FL 33904

Title ST  
Name LANGSTON, MILT  
Address C/O AMERICAN CONDO MGMT.  
P.O. BOX 100399  
City-State-Zip: CAPE CORAL FL 33910

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LIBBY KOHLMAYER

**PRESIDENT**

**04/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date