

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09569

**FILED**  
**Mar 27, 2015**  
**Secretary of State**  
**CC5772811405**

**Entity Name:** TROPICAL BREEZE ESTATES, INC.

**Current Principal Place of Business:**

4280 MOCKINGBIRD DR.  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

4280 MOCKINGBIRD DR.  
BOYNTON BEACH, FL 33436 US

**FEI Number:** 59-2506773

**Certificate of Status Desired:** No

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

ROSENBAUM MOLLENGARDEN JANSSEN & SIRAUZA,  
PLLC.  
250 AUSTRALAIN AVENUE SOUTH, STE., 500  
WEST PALM BEACH, FL 33401 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 P  
Name GILLETTE, THOMAS F.  
Address 4256 BOBWHITE DR.  
City-State-Zip: BOYNTON BEACH FL 33436

Title S  
Name DAVIS, SANDRA  
Address 4437 SANDPINE CIR  
City-State-Zip: BOYNTON BEACH FL 33436

Title T  
Name MORIN, CAROLE  
Address 4218 MEADOW VIEW DR.  
City-State-Zip: BOYNTON BEACH FL 33436

Title D  
Name REXFORD, HURLBURT  
Address 4084 MARIGOLD DR.  
City-State-Zip: BOYNTON BEACH FL 33436

Title D  
Name MERCIER, DENIS  
Address 4262 MEADOW VIEW DR.  
City-State-Zip: BOYNTON BEACH FL 33436

Title D  
Name MCMILLAN, CHRIS  
Address 4378 MEADOW VIEW DR.  
City-State-Zip: BOYNTON BEACH FL 33436

Title D  
Name HAMOR, BRIAN  
Address 4077 BOUGAINVILLEA RD.  
City-State-Zip: BOYNTON BEACH FL 33436

Title D  
Name FREDRICKSON, ERIC  
Address 4306 BOBWHITE DR.  
City-State-Zip: BOYNTON BEACH FL 33436

**Continues on page 2**

*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:** THOMAS GILLETTE

**PRESIDENT**

**03/27/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name SILLAWAY, JEANINE  
Address 4093 MEADOW VIEW DR.  
City-State-Zip: BOYNTON BEACH FL 33436