

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90817 009 ****61.25

DOCUMENT # 720000
1. Entity Name

ISLAND BREAKERS - A CONDOMINIUM, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
c/o 150 Ocean Lane Drive
Suite, Apt. #, etc.

3. Mailing Address
c/o 150 Ocean Lane Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Key Biscayne, FL
Zip
33149
Country
USA

City & State
Key Biscayne, FL
Zip
33149
Country
USA

4. FEI Number
591312689
Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SKRLD, INC.
Street Address (P.O. Box Number is Not Acceptable)
201 ALHAMBRA CIRCLE
SUITE 1102
City
CORAL GABLES, FL **Zip Code**
33134

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.

SIGNATURE SKRLD, INC. BY: *Lisa Lerner* **LISA LERNER, SEC.** **4/15/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

FEES: \$61.25
Initial or Amended UBR

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEE ATTACHED SHEET
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Sean Landon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 2003 **305-365-9064**
Date Daytime Phone #

CR2E037B (12/01)

Attachment

80102342

#720000

PD Jean Lardon
150 Ocean Lane Drive, # 3G
Key Biscayne, FL 33149

VPD Aleida Pridgen
150 Ocean Lane Drive, # 3B
Key Biscayne, FL 33149

SD Anthony Prinzi
150 Ocean Lane Drive, # 9E
Key Biscayne, FL 33149

TD Marlene Hernandez
150 Ocean Lane Drive, # 5F
Key Biscayne, FL 33149

D Lilian DeNigro
150 Ocean Lane Drive, # 6D
Key Biscayne, FL 33149

D Javier Mesa
150 Ocean Lane Drive, # 10C
Key Biscayne, FL 33149

D Josie Pesant
150 Ocean Lane Drive, # 6E
Key Biscayne, FL 33149