


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

06-04-2007 90012 024 \*\*\*\*61.25

<b>DOCUMENT # 728490</b>			
1. Entity Name <b>THE BREAKERS CONDOMINIUM ASSOCIATION, INC OF REDINGTON BEACH</b>			
Principal Place of Business <b>1110 PINELLAS BAYWAY SUITE 207 TIERRA VERDE, FL 33715 US</b>		Mailing Address <b>1110 PINELLAS BAYWAY #207 TIERRA VERDE, FL 33715 US</b>	
2. Principal Place of Business - No P.O. Box # <b>5444 Park Blvd #101</b>		3. Mailing Address <b>70 CMG P.O. Box 47068</b>	
City & State <b>Pinellas Park FL</b>		City & State <b>St. Petersburg, FL</b>	
Zip <b>33781</b>		Zip <b>33714-7068</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>59-1629501</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ROUANZION, SUSAN 1110 PINELLAS BAYWAY #207 TIERRA VERDE, FL 33715</b>		7. Name and Address of New Registered Agent Name <b>Ronald D. Welton</b> Street Address (P.O. Box Number is Not Acceptable) <b>5444 Park Blvd #101</b> City <b>Pinellas Park</b> FL Zip Code <b>33781</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PD</b>	<input type="checkbox"/> Delete <b>FERRER, JOHN</b>	TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1110 PINELLAS BAYWAY #207</b>	NAME	
STREET ADDRESS	<b>TIERRA VERDE, FL 33715</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> Delete <b>MCDONALD, EDIE</b>	TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1110 PINELLAS BAYWAY #207</b>	NAME	
STREET ADDRESS	<b>TIERRA VERDE, FL 33715</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> Delete <b>WINKLER, JEFF</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1110 PINELLAS BAYWAY #207</b>	NAME	
STREET ADDRESS	<b>TIERRA VERDE, FL 33715</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> Delete <b>MURPHY, TERESA</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1110 PINELLAS BAYWAY #207</b>	NAME	
STREET ADDRESS	<b>TIERRA VERDE, FL 33715</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>REYNOLDS, CHUCK</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1110 PINELLAS BAYWAY #207</b>	NAME	
STREET ADDRESS	<b>TIERRA VERDE, FL 33715</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 I am empowered.			
SIGNATURE: <u>Jeff Winkler</u>		Date: <u>5/31/07</u> Daytime Phone #: <u>(727) 397-6637</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			