

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90105 043 ****61.25

DOCUMENT # 740779
 1. Entity Name
BREAKERS WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 3033 WESTGULF DRIVE
 SANIBEL FL 33957

Mailing Address
 3033 WESTGULF DRIVE
 SANIBEL FL 33957

50028708



1st MOORE CR2E037 (10/04)

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
 22-2176409 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MURTY, TIMOTHY J. E
1633 PERIWINKLE WAY
SUITE A
SANIBEL FL 33957

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	SCZOMAK, DENNIS	
STREET ADDRESS	5757 NORTHFIELD PARKWAY	
CITY-ST-ZIP	TROY MI 48098	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARKOWITZ, SUSAN	
STREET ADDRESS	PO BOX 656	
CITY-ST-ZIP	LAHASKA PA 18931	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RENZ, GLORIA	
STREET ADDRESS	3041 WEST GULF DRIVE A-1	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MARKOWITZ, ANDREW L	
STREET ADDRESS	PO BOX 656	
CITY-ST-ZIP	LAHASKA PA 18931	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTON, ANN	
STREET ADDRESS	1321 BROOKLYN	
CITY-ST-ZIP	ANN ARBOR MI 48104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A. John Hauschulz	
STREET ADDRESS	1230 E Indian Mound Rd	
CITY-ST-ZIP	Bloomfield Hills, MI 48301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew Markowitz	
STREET ADDRESS	PO Box 656	
CITY-ST-ZIP	LAHASKA, PA 18931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gloria M. Renz VP Breakers West Condo Assoc. Gloria M. RENZ 3/15/05 239-395-8738*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #