


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90051 041 \*\*\*150.00

**DOCUMENT # 811808**

1. Entity Name  
**BREAKWATER HOMES ASSOCIATION**



Principal Place of Business      Mailing Address  
**2621 SE 21ST STREET**      **2621 SE 21ST STREET**  
**FT. LAUDERDALE, FL 33316**      **FT. LAUDERDALE, FL 33316**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

01052005      Chg-P      CR2E034 (10/03)

4. FEI Number  
**59-0807093**

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



**6. Name and Address of Current Registered Agent**

**RUPP, WILLIAM R.**  
**1702 CORDOVA RD #2**  
**FORT LAUDERDALE, FL 33316**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	AUMANN, KURT	
STREET ADDRESS	2021 SE 26 TERR	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
TITLE	P	<input type="checkbox"/> Delete
NAME	GATUSSO, JOHN	
STREET ADDRESS	1925 SO OCEAN DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCGEEHAN, NORMA	
STREET ADDRESS	2013 SE 26TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOGAN, ROB T	
STREET ADDRESS	2625 SE 20ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHOETTLE, JACQUELINE DR.	
STREET ADDRESS	2609 SE 20TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOKOE, JANET DR.	
STREET ADDRESS	2017 SE 26TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		
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 607, 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: Norma McGeehan - Jan 18 2005      Date: 1/12/05      Daytime Phone #: 954-524-5868