

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811808

FILED
Apr 12, 2010
Secretary of State

Entity Name: BREAKWATER HOMES ASSOCIATION

Current Principal Place of Business:

2621 SE 21ST STREET
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

2621 SE 21ST STREET
FT. LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 59-0807093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUPP, WILLIAM R.
1322 SE 17TH STREET
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES
Name: BLACK, WILLIAM
Address: 2005 SE 26 AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: VP
Name: GRABLE, RICHARD
Address: 2617 SE 20TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: SEC
Name: STOKOE, JANET
Address: 2017 SE 26TH TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: D
Name: BORUP, CARL
Address: 2611 SE 21ST
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: TREA
Name: KNOCHENHAUER, BARBARA
Address: 2020 SE 26TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D
Name: MICHAEL, CLEARY
Address: 2005 SE 26TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33316

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM BLACK

PRES

04/12/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date