

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45445

FILED  
Feb 22, 2009  
Secretary of State

**Entity Name:** FLAGLER ESTATES AT BREAKERS WEST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

G.R.S. MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD., SUITE 309  
LAKE WORTH, FL 33463 US

**New Principal Place of Business:**

**Current Mailing Address:**

G.R.S. MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD., SUITE 309  
LAKE WORTH, FL 33463 US

**New Mailing Address:**

**FEI Number:** 65-0301588

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REITANO, RICHARD  
3228 GUNCLUB RD  
WEST PALM BEACH, FL 33406

**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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: REITANO, RICHARD  
Address: 3228 GUNCLUB RD  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: TD ( ) Delete  
Name: YOUNG, JUDY  
Address: 1872 FLAGLER ESTATES DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: S ( ) Delete  
Name: LEE, RUBIN  
Address: 1848 FLAGLER ESTATES DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33411

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD REITANO

P

02/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date