

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005951

1. Entity Name

BREAKERS POINTE HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90040 036 ****61.25

Principal Place of Business
 4500 PGA BOULEVARD
 SUITE 400
 WEST PALM BEACH FL 33411
 US

Mailing Address
 4500 PGA BOULEVARD
 SUITE 400
 WEST PALM BEACH FL 33418-3965
 US

2. Principal Place of Business
 1826 BREAKERS POINTE WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 WEST PALM BEACH FL

City & State

4. FEI Number
 65-0635328

Applied For
 Not Applicable

Zip
 33411

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDSTEIN, ERWIN
 1813 BREAKERS POINTE WAY
 WEST PALM BEACH FL 33411

Name
 JOHN KAY
 Street Address (P.O. Box Number is Not Acceptable)
 1826 BREAKERS POINTE WAY
 City
 WEST PALM BEACH FL Zip Code
 33411

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FEB 28, 2000

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

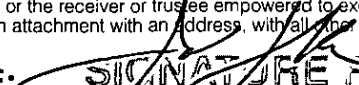
10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	☐ Delete
NAME	KAY, JOHN	
STREET ADDRESS	1826 BREAKERS POINTE WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	PD	☒ Delete
NAME	GOLDSTEIN, ERWIN	
STREET ADDRESS	1813 BREAKERS POINTE WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	TD	☐ Delete
NAME	ROLES, RICHARD	
STREET ADDRESS	1757 BREAKERS POINTE WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	SD	☐ Delete
NAME	Birdie Brundage	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S, D	☐ Change ☒ Addition
NAME	Birdie Brundage	
STREET ADDRESS	1728 BREAKERS POINTE WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:  SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 28, 2000 561 795 6118

Date

Daytime Phone #

CR2E037 (9/99)